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THIRTY-FOURTH ANNUAL MEETING, CLEVELAND, 1883.

THE PRESIDENT'S ADDRESS.

Delivered June 5, 1883.

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GENTLEMEN OF THE AMERICAN MEDICAL ASSOCIATION: Permit me to express my feelings of gratitude for the unexpected honor conferred upon me at the last meeting of the Association, and to cherish the hope that in fulfilling the duties of this responsible position I may be sustained by your cordial coöperation.

We meet here to engage earnestly in furthering the interests and objects of the medical profession. We have come together from all parts of our broad country, charged with these great responsibilities. It is fitting to express here deep regret at the absence from our councils of delegates from the Medical Society of the State of New York. Let us hope that this absence may be only temporary, and that at the next meeting every State may be represented.

As specialties are so much in favor at the present time, I have thought it well, though far from favoring them on ordinary occasions, to bring prominently forward, in my address to-day, my own rare specialty, namely, the having been a graduate of sixty-three years' standing. Instead, therefore, of calling your attention to the more strictly scientific subjects that are so generally considered upon such an occasion as this, it has occurred to me that some reminiscences of my early medical life might not be wholly unacceptable, or devoid of interest and instruction.

REMINISCENCES OF EARLY MEDICAL LIFE.

When I began my medical studies, in 1815, there were but few medical colleges in the country—the medical department of the University of Pennsylvania, the College of Physicians and Surgeons of New York, and the colleges at Baltimore, Harvard, New Haven, and Lexington, Ky. The University of Pennsylvania was the leading institution, to which students from all parts of the country came. The facilities for clinical instruction at the University were confined to the Pennsylvania Hospital and the Philadelphia Almshouse; but of these lectures and the distinguished clinical teachers I shall speak again.

DR. CASPAR WISTAR.

Having had no opportunities for studying practical anatomy before matriculation at the University of Pennsylvania, I devoted myself more particularly to that branch in my first course of lectures, 1817–18. The chair was then filled by Dr. Caspar Wistar, one of the most able and accomplished teachers of anatomy which this country has produced. His amiable deportment and kind treatment of students made an impression upon me which I shall never forget, and after the lapse of more than sixty-five years the thought of him kindles in my breast emotions of genuine pleasure. As I remember him, he was of medium stature, apparently about sixty years of age, and so impressive was his teaching of anatomy up to the time of his death, which occurred very suddenly, in January, 1818, that his words remain with me yet. He was certainly a man of great personal magnetism, extremely courteous in his manners, and gentle in disposition; he was always ready to converse with the students and help them in their difficulties. It is no wonder that he was greatly beloved by the students. The announcement of his sudden death from disease of the heart, on the night after he delivered his last lecture, produced a shock among the students that I shall never forget.

Just here, I may appropriately allude to the foundation of a social institution, long known in Philadelphia as "the Wistar Parties." Dr. Wistar had been in the habit of inviting to his house, on Saturday evening, men of learning and distinction, both citizens and strangers. The ability and social qualities of the professors of the University of Pennsylvania and of the eminent medical men of Philadelphia, caused always the presence of a large infusion of medical science in the composition of his parties. After his death, these gatherings were revived and continued by his friends, and they were still known as "Wistar-parties" in honor of their founder. In this way originated the celebrated social gatherings, which occupied so important a share in the social annals of Philadelphia. I remember my gratification when young at meeting some distinguished gentlemen from abroad, and many no less distinguished from our own country.

JOHN SYNG DORSEY.

The course of lectures on anatomy, interrupted by the death of Dr. Wistar, was subsequently finished by Dr. John Syng Dorsey, a favorite nephew of Dr. Physick. He completed the course with credit, and was subsequently elected to fill that chair. Unfortunately, he also died after a very short illness, after delivering his introductory lecture, within a week after the beginning of the term. It was a great loss to the University, and a very severe blow to Dr. Physick, one from which he never recovered. At this period there was no American work on anatomy; but about this time Dr. Wistar's *Anatomy* was published, and adopted as a text-book. It was received with great favor, even with enthusiasm, by the students. The assistants to the Professor of Anatomy at this period were Drs. Wm. E. Horner and Hugh L. Hodge, afterwards highly distinguished in their respective branches, anatomy and midwifery.

JOHN REDMOND COXE.

Dr. John Redmond Coxe was the Professor of Chemistry in the winter of 1817–18, a grandson of Dr. John Redman, one of the leading physicians of Philadelphia in his day, and first President of the College of Physicians. Dr. Coxe had the reputation of being one of the most diligent students in Philadelphia. He was very careful in his experiments, and in lecturing was very punctual in filling the whole of the hour allotted to him.

The Chair of Midwifery, during my first course, was filled by Dr. Thomas C. James, a very modest and agreeable gentleman of Quaker origin. He had such a sense of delicacy that he could not bring himself to lecture on the female organs of generation, but entrusted this part of his course to Dr. Horner. Although a graduate of the University of Pennsylvania, he sub-

sequently became a pupil of Dr. Denman, of London, whose work on *Midwifery*, together with that of Burns, and Dr. Dewees' translation of Baudelocque, constituted the principal works on that subject. Dr. James, after Denman, was a strong advocate for the short forceps.

NATHANIEL CHAPMAN.

Dr. Nathaniel Chapman, at this time, and for many years afterwards, filled the Chair of the Institutes and Practice of Medicine. He was a most eloquent and impressive lecturer, and the idol and tried friend and benefactor of the student. He was, moreover, a man of very marked ability, eloquence, and great social qualities. Having to teach the Institutes, as well as the Practice of Medicine, it required two courses of lectures to complete the subject. The physiology of that day was very different from that of the present. The microscope had then hardly begun to be applied to the study of anatomy, and so little did Dr. Chapman appreciate it, that it was a standing joke with him to quote old Leuwenhœck as having discovered with his microscope "twenty thousand devils playing upon the point of a needle," thus foreshadowing some of the most remarkable discoveries of the present day, especially disease germs. Prof. Chapman was thoroughly posted in the departments which he taught, at that time, although they have advanced wonderfully since his day. He was a man of very imposing presence, rather above the medium height, always neat in his dress, perfectly well-bred, and always obliging and polite to the students. I believe that he did more for the advancement of medicine in his day than any other person with whom I was acquainted. He established a school, called Chapman's Institute, for the benefit of his private students, of whom he always had thirty or forty, and other students who chose to attend. The building was in the rear of his house, with a private entrance, and he employed, as teachers of his classes, gentlemen who afterwards became eminent professors at the University and at the Jefferson Medical College, among whom may be mentioned Prof. William P. Dewees, Hugh L. Hodge, and John K. Mitchell.

PHILIP SYNG PHYSICK.

Last but not least among the faculty of that day was Dr. Philip Syng Physick, the great American surgeon, who that winter, 1817–1818, delivered his last course of lectures on surgery. A pupil of John Hunter, he taught the doctrines of that great man. As I recall his course of lectures, it seems to me that he was one of the most impressive teachers that I have ever listened to. Dr. Physick was remarkable for great attention to details, and in his operations upon the cadaver he carefully observed all the rules for operating upon the living body. He also recapitulated the lecture of the preceding day before going on with his subject, by questioning the students who occupied the first two rows of seats in the amphitheatre. I may refer to one incident which may illustrate his method and his carefulness. On one occasion he *stumped* the whole class; he had been lecturing on lithotomy the preceding day, and he put the question to the first student—"What instruments should be provided for the operation?" The answer appeared to have been correctly given, but he was not satisfied. The question was repeated to the next student, and finally to the whole class with the same result. Dr. Physick then said it was "a pin, gentlemen, a pin" that was needed to complete the list. This showed his precision, and impressed upon us the necessity of taking care never to go to an operation without the minutest preparation.

Dr. Physick was a man of medium height, with very regular features. His face at that time was pale, as if he suffered from delicate health. He was of very abstemious habits. I remember on one occasion, at a party given at his house, when the servant brought in a tray with wine, I was standing beside Dr. Chapman, when I placed my hand upon a decanter, as I supposed, of wine; Dr. Chapman touched my elbow and told me not to take that; I filled the glass from another bottle, and afterwards asked the Doctor why he had checked me; he said the first was simply colored water, that Dr. Physick had provided for his own use.

In speaking of Dr. Physick's teaching, I should also say that he always lectured extemporaneously, the didactic lectures on inflammation being read by Dr. Dorsey, his nephew. Dr. Physick was dignified in his deportment, and eminently grave; we rarely saw a smile upon his face. His usual dress in the lecture-room was a blue coat with metal buttons, white vest, and drab pantaloons. He was remarkably staid and reserved in his manner, and was always regarded with reverence and great respect by the students. He never indulged in any flights of imagination, and was purely a practical lecturer who brought his knowledge from the stores of his large personal experience.

One of his favorite precepts, was to insist upon great attention to diet after surgical operations. I may mention this anecdote. In one of his lectures he spoke of a very important surgical operation, and said that there was a necessity for attention to absolute diet. The next day in recapitulating, he asked a student what was meant by absolute diet. The student said "toast or barley water." "Will any gentleman tell me what is meant by absolute diet?" Appealing to the whole class. There was no reply. "Water, gentlemen, water." A precept I have never forgotten, and which, I think, is not sufficiently observed at the present day after important surgical operations.

CLINICAL TEACHING IN PHILADELPHIA.

The clinical teaching of that day was not given at the Medical College, as it now is, but at the Pennsylvania Hospital, and the Philadelphia Almshouse, then in the city; each institution affording an excellent school of instruction to the students. As the clinical hours were the same at both institutions, I chose the almshouse as affording a larger field.

Among the clinical teachers of that day, very few were superior to Dr. Joseph Parrish, who had been a pupil of Dr. Wistar. He was a man of most amiable character, thoroughly devoted to the advancement of the profession; having large classes of private students every year, to whom be lectured, and for whom he also provided able assistants to aid in teaching. One of these was the late Dr. George B. Wood. Dr. Parrish was a man of warm sympathies, and he testified to his benevolence in the manner in which he conducted his clinics. Let me give you an illustration. A poor, weather-beaten sailor was brought to the almshouse suffering very much from rheumatism. Dr. Parrish ordered the man to be clothed in flannel, and have a bottle of porter daily. On the next clinical day, Dr. Parrish, on inquiring, found that neither had been attended to. He repeated the order, with a mild rebuke to the steward. At the next visit, three days afterwards, finding that his previous orders had been disobeyed, he called for the steward and remained at the bedside of the patient until the order was fulfilled.

THE TREATMENT OF THAT DAY.

With regard to the treatment of that day, I shall say little, the text-books then studied fairly present it to you. Would that I could speak more satisfactorily of the treatment of the insane as I remember it. They were generally confined in the basement of the alms-

house in small cells, some with manacles, others with chains, seldom had they access to fresh air, and often they had nothing but loose straw for their bedding. This unhappy and inhuman state of things continued until Pinel and Esquirol established a course of treatment more consistent with the dictates of science and humanity. In a recent visit to the State Lunatic Hospital at Harrisburg, Pennsylvania, of which I am a trustee, not one of the four hundred insane inmates was the subject of mechanical restraint.

At that time, the resident physicians at the Almshouse were not graduates in medicine, but last-course students, who fulfilled their duties while preparing for graduation. The requirements for graduation were attendance upon two full courses of lectures, of four months each, a written thesis on some medical subject, attendance at the Hospital or Almshouse, and an oral examination in the presence of the whole faculty.

THE GREEN-BOX.

Many of the elderly gentlemen present to-day must have heard of the much-dreaded "green-box." During the time of Drs. Rush and Barton, it was reported that favoritism was shown to their respective students, and the same was said of the students of Drs. Chapman and Dorsey. To obviate this, or the appearance of it, a large green screen was placed across one corner of the room, having a door behind it, through which the candidate entered, and here underwent his examination, unknown to any one but the dean of the faculty. This mode of examination was adhered to until after the death of Dr. Dorsey, when it was optional with the student to go into the green-box or present himself openly before the faculty. Some ten or twelve candidates had such a terror of the green-box that they went to New York, where they obtained the degree of M.D. by undergoing an examination and paying the graduating fee.

THE PHILADELPHIA MEDICAL SOCIETY.

Among the facilities for acquiring knowledge offered the students at that time was the privilege of attending the meetings of the Philadelphia Medical Society, which met every Saturday evening. In order to gain admission, as a junior member of the Society, which was composed of honorary and junior members, it was necessary for the student to pass an examination. The committee of the year 1817–18 consisted of Drs. Franklin Bache and Jacob Randolph, the latter being Dr. Physick's son-in-law. I remember with what trepidation I went before the committee, and, to my gratification and surprise, the only question asked me was the composition of Glauber's salts. This examination over, I received a parchment certificate of junior membership, and was admitted to the discussions of the Society. After graduation, I received a certificate of honorary membership. The proceedings of the Society did not differ materially from those of the present day. A paper was read, and subsequently discussed by many of the leading physicians and surgeons of that period, and was a source of great improvement to the junior members.

CALOMEL AND THE LANCET.

It was the time of calomel and the lancet. With regard to the one, I need not speak; but of the latter I feel well assured that the almost total disuse into which it has fallen has cost many valuable lives. From a very large experience in its use, I am satisfied, fully satisfied, that if we depended more on the early use of the lancet in the congestive and inflammatory states of many diseases, our practice would be more successful than it now is. At the present time there is too exclusive reliance upon medicines affecting the nervous and vascular systems, which act with less efficiency, and are less prompt. It is, in my opinion, a very important subject, and I feel assured that ere long the lancet will be more freely used than it is now. In the congestive chills preceding inflammatory diseases, and in the cold stage of intermittents, I have frequently broken up the paroxysm, and relieved the patient by the lancet alone.

In the class of 1817–18, there were many men who afterwards became distinguished in their respective departments. Time will not permit me to enumerate them all.

GEORGE MCCLELLAN.

Among the first was one with whom I was very intimate, Dr. George McClellan. A man of great natural talent, quick perception, and wonderful memory, prompt to decide, and prompt to act, he made himself during his pupilage one of the best anatomists in the country, and subsequently brought more talent into surgery than any man I have ever met with. During his brief, but brilliant career, he performed more surgical operations than any other surgeon in Philadelphia; and he undertook to perform, and did perform successfully, some operations which were considered impracticable by other surgeons. Among these was the removal of the parotid gland. It was my good fortune to visit with him, his first patient the day after the operation; and although it was afterwards reported that it was not the parotid gland, I made a very careful examination of the tumor, and of the patient, and was perfectly satisfied of its identity. This operation he performed several times afterward, one of them on a young Irishman, where Dr. Dease, an eminent surgeon of Dublin, had previously failed.

A beautiful illustration of his diagnostic ability was shown to me when on a visit to Philadelphia; a female infant, about four or five months old, whose parents belonged to one of the most distinguished families in New York, was brought by her father to Philadelphia, to consult the oldest leading surgeons of the city, who all pronounced the case hopeless. The child had from birth, a complete paralysis of the right arm and hand. As Dr. McClellan, at that time, was beginning to acquire popularity as a surgeon, the father was persuaded to consult him. Dr. McClellan made a careful examination, and found that the clavicle was pressing on the brachial plexus of nerves as it passes over the first rib, and that the paralysis was owing to this cause. All that he did was to elevate the shoulder and the clavicle by mechanical means, and the functions of the arm were entirely restored. I saw it playing equally well with either arm on its nurse's lap.

Dr. McClellan was of medium size, fair complexion, and with blue eyes; he was very attractive and agreeable in his manners, very vivacious, and was called "a bundle of nerves." He was very fond of society, and a general favorite wherever he was known. There was no jealousy in his disposition, and I may be permitted to add, that he was the only surgeon in Philadelphia who congratulated me upon the success of my first operation for ovariotomy, in 1843; when I revived the operation, which, after its introduction by Ephraim McDowell, had fallen into disuse, he sought me at my hotel when on a visit to the city, and gave me a most cordial embrace.

Dr. McClellan was among the first to suggest and urge the establishment of another medical college in Philadelphia; and with the assistance of Dr. Eberle, he determined to get a charter from the Legislature. Dr. Eberle being a native of Lancaster county, and having practised both in the city and county for several years before his removal to Philadelphia, had many friends there, and wrote to them asking their as-

sistance in procuring a charter from the Legislature. With the view of furthering the cause, a public dinner was given to Dr. Eberle by the leading gentlemen of Lancaster, and resolutions were then passed instructing our representatives at Harrisburg, to favor the charter. Notwithstanding the opposition that had always existed among the friends of the University to the establishment of another school, a charter was obtained, authorizing the Trustees of the Jefferson College, at Canonsburg, to grant degrees in medicine, and to locate the school in Philadelphia.

JOHN RHEA BARTON.

Another member of the class of 1817–18, a native of Lancaster, and when young a schoolmate of mine, was Dr. John Rhea Barton, who began the study of medicine with my preceptor, Dr. Samuel Humes, and through the influence of his uncle, Prof. Benjamin Smith Barton, of the University, was appointed a resident pupil at the Pennsylvania Hospital. At that time, I believe, the residents were apprenticed for five years. Such was the distinction he obtained in this position that immediately after receiving the degree of Doctor of Medicine, he was elected one of the attending surgeons, an unprecedented event. While in this position he acquired the reputation of being one of the most dexterous operators in the country. A gentleman —a physician—who after graduating here had spent five years in Paris, and who had seen Dupuytren, Boyer, and Desault operate, told me that with the exception of Dr. Physick, who had been his preceptor, he had never seen Dr. Barton equalled as an operator. He was ambidextrous, and instead of changing sides in amputations, he would change hands.

ISAAC HAYS.

Among my fellow-students in 1817–18, and fellow-graduates in 1820, I should be unmindful of what is due to extraordinary merit were I not to speak of one who has done more for American medical journalism than any other physician in the country; I allude to the late Dr. Isaac Hays, the editor of the *American Medical Journal*, by whose labors, professional accomplishments, and excellent judgment, the leading medical journal of this country was established. Having assisted Dr. Chapman in editing *The Philadelphia Journal of the Medical and Physical Sciences*, the motto of which was the ill-natured quotation from Sidney Smith, "Who reads an American book?" Dr. Hays established, in 1827, THE AMERICAN JOURNAL OF THE MEDICAL SCIENCES, which to this day, both in this country and in Europe, is admitted to be, in character and ability, the first. Modest and unassuming, he scorned the arts by which many seek prominence, and during a long and very busy life sustained the character of a high-toned and honorable gentleman. To him are we chiefly indebted for the preparation of the Code of Ethics of this Association, which some of our physicians, from motives we cannot appreciate, would be willing to mutilate or destroy.

SAMUEL HENRY DICKSON.

To another fellow-graduate I may with great propriety allude. Dr. S. Henry Dickson was one of the most accomplished scholars, both in medical and miscellaneous literature, it was my good fortune to know. Having obtained, by his extensive acquirements, sound judgment, and high character the first position in his native city, Charleston, South Carolina, he was elected Professor of the Theory and Practice of Medicine in Jefferson Medical College, where he lectured with distinguished ability to the close of his life.

GEORGE B. WOOD.

Dr. George B. Wood, known to many of you, was graduated at the end of my first course, in 1818. The possessor of an ample fortune, he devoted his wealth, his untiring industry, and his great acquirements to the promotion of sound knowledge, and the welfare of the Medical Department of the University of Pennsylvania.

CHANGES IN THE UNIVERSITY FACULTY.

In the winter of 1819–20, when I attended my second course, a change had taken place in four of the chairs at the University. Dr. Physick, in consequence of the death of Dr. Dorsey, had been elected professor of anatomy, and Dr. Gibson was brought from Baltimore to fill the chair of surgery. Dr. Coxe was taken from the chair of chemistry to teach materia medica; and Dr. Robert Hare was appointed to teach chemistry. These changes were not very agreeable to those who, like myself, were attending their last course, as it took from the chair of surgery that great man, Dr. Physick, and placed him in a position where he had to renew his early studies. It placed Dr. Coxe in what might be called his favorite element, for there was hardly a single article of the materia medica, from the time of Hippocrates to that day, that he did not notice in his lectures. It was very amusing to the class, after Dr. Chapman had recommended the use of a medicine as emanating from Dr. Physick, to hear Dr. Coxe, a day or two afterward, taking especial pains to tells us that the remedy had been used from the time of Galen or Celsus. Dr. Hare, who never failed in an experiment before the class, had great hesitation in explaining the rationale, not having the gift of fluent speech. He gave an excellent demonstrative course on chemistry, particularly on the subjects of heat, magnetism, electricity, and galvanism, which, since his day, have excited the attention of the whole scientific world. Dr. Hare was a large man, of great muscular physique, but possessing the manners and feelings of a courteous gentleman.

Dr. Gibson, whom I have referred to as coming from Baltimore, where he had acquired great reputation as a surgeon, had been a pupil of the celebrated Charles Bell, of London. At first, he read his lectures, which made him somewhat unpopular with the class, as his predecessor, Dr. Physick, had always lectured extemporaneously. Being told of this, it was said that he afterwards committed his lectures to memory.

QUIZ CLUBS.

At the time of my attendance upon lectures, there were very few boards of examiners, and the graduating classes were generally divided into "quizzing clubs" of six students, each of whom took notes at the lectures of the different professors. We examined each other twice a week on the lectures of the preceding three days, and recapitulated on Sunday afternoon, having been told by Dr. Wistar that we could not spend Sunday more profitably than in the dissecting-room. So Galen ends his book, *De Usu Partium Corporis Humani*, by saying it is an ἐπωδος, or a song sung standing before the altars of the gods, *hymnis deos celebrantes*. The result of these frequent examinations was that, although we had some idle fellows among us, every member of our club received his diploma.

With the garrulity, and may I not call it the privilege, of your oldest brother, I present you with some of the reminiscences of my college-life. Before I close this address, let me briefly call your attention to some other subjects, which, in my opinion, are of pressing importance. Let me impress upon the mind of every member of the profession the necessity of strict and undivided attention to the duties of his high calling. Let no outside influence operate to interfere with these duties. When you undertake the care of a patient, your whole duty belongs to him. The intermission of

a single visit, which, on your part, may have been devoted to pleasure, may sacrifice the life of your patient.

THE CODE OF ETHICS.

Above all things, ever strive to maintain the honor and dignity of the profession. Let no selfish or mercenary consideration deter you from observing the laws laid down in our noble Code of Medical Ethics. Cultivate friendly relations with your local medical brethren, more particularly the younger; and regulate your intercourse with all men in such a way as to cast no stain upon the honor of the profession, which is in your keeping.

THE PROFESSION BEFORE THE ADOPTION OF THE CODE.

In my day, previous to the establishment of medical societies throughout the country, and the organization of the American Medical Association, and the general adoption of the Code of Ethics, I saw many disastrous effects from the want of brotherly consideration and kindness. The medical men of that day were often in difficulties, patients would be taken from one physician to another without ceremony; and so great was the jealousy existing between them, that for more than twenty years after my graduation, it was impossible to form a medical society in my native city and county, because there were so many aspirants for the honors. Here let me speak of some of the difficulties I had to encounter in my early professional life. Instead of being taken by the hand by the older physicians, every obstacle was thrown in my path—consultations were refused, and the treatment of my patients unfavorably criticised.

WHAT THE CODE HAS ACCOMPLISHED.

By the establishment of medical societies and the adoption of the Code of Ethics, a wonderful change has been effected. We now feel it our duty to sustain our younger brethren, to treat them with courtesy and kindness, to save them from their errors, and encourage them in all their good work. Had the adoption of the Code of Ethics no other result than this, it would have been an invaluable blessing to the profession. But it has accomplished more. It has put the seal of condemnation upon all "isms," and developed an *esprit de corps* that has enlarged the boundaries of our science, and greatly increased the usefulness and social standing of the profession.

Now, gentlemen, before concluding, let me state that, being aware that reports and papers upon every important topic connected with the different departments of medicine will be presented by the Chairmen of the sections, and by individual members, I have not entered upon the discussion of any subject, either medical or surgical.

Our meetings are for the purpose of promoting social intercourse, as well as for the advancement of medical science; but we should devote sufficient time to the discussion of the various subjects presented to us, and not allow them to be too greatly interfered with by social entertainments.

One word more, and I have done, and I say it chiefly as a word of encouragement to the younger among you. At the close of a long life, one devoted unreservedly to the study and practice of medicine, I will say that, notwithstanding its uncertainties, its fatigues, its anxieties, its bitter disappointments, I am completely satisfied that in no other career can a man more fully accomplish his whole duty to God and to his fellowmen; so that when life here is ended, it can be truly said of him as—be it said with all reverence—was said of Him whom we all should imitate, *pertransivit benefaciendo—He went about doing good.* Trusting that our proceedings may be both harmonious and profitable to us all; and thanking you again for the honor you have conferred upon me, I sincerely hope that the recollections we shall carry home with us will be both agreeable and lasting.

ORIGINAL ARTICLES.

VALUE OF EARLY OPERATIONS IN MORBID GROWTHS.

BY S. D. GROSS, M.D., D.C.L. OXON., LL.D. CANTAB.

(*Read before the American Surgical Association, May 31, 1883.*)

THE value of early surgical interference in morbid growths, especially the malignant, has long been recognized by writers and teachers, but, unless I greatly err, it has not been discussed with that degree of force and emphasis to which its intrinsic merits entitle it. I therefore purpose laying the matter before you, if possible, in a stronger, if not also in a clearer light, than any in which it has hitherto been presented, and in this wise bring it more fully under your notice for elaborate and dispassionate consideration.

The great reasons for the removal of tumors in the early stages of their development, may be thus stated: 1. The less risk of shock and of hemorrhage; 2. The more effectual riddance of the diseased structures; The diminished probability of septicæmia, or blood-poisoning; 4. The avoidance of unsightly scars; and 5. The less risk of a recurrence of the morbid action, either at the seat of the operation or in other parts of the body. These propositions are so self-evident that any formal discussion of them seems to be out of place; nevertheless, it may be well to call special attention to a few points in order to impress them more fully upon your mind.

The fact is now generally, if not universally admitted, that all morbid growths or tumors, whether benign or malignant, are of local origin. That the constitution, in certain conditions, as when from any cause the general health is more or less seriously impaired, may predispose to such formations, is not improbable, but that a neoplasm can be developed in any organ or structure of the body of a perfectly sound person, without some local cause, is what no enlightened pathologist of the present day believes or teaches. There is unquestionably occasionally a hereditary tendency to the development of morbid growths, both benign and malignant. We see this tendency, sometimes in a remarkable degree, displayed in warts and sebaceous cysts. Examples of the latter I have repeatedly witnessed in three generations, and instances doubtless occur in which this disposition manifests itself still further. Malignant diseases, as carcinoma and certain forms of sarcoma, occasionally betray a similar tendency. As many as three, four, or even five cases of scirrhus of the mammary gland have been noticed in as many different members of the same family. Epithelioma of the lip, skin, vagina, and uterus occasionally exhibits a similar freak.

I state, as another incontrovertible proposition, that all morbid growths, tumors, or neoplasms are the product of perverted nutrition, in which the comparatively few cells native to the part are re-

placed by colonies of young cells, of the latter of which the new product is essentially composed.

All morbid growths are developed, directly or indirectly, under the influence of inflammatory action, the result of external injury, or, as is more frequently the case, of some mechanical obstruction, causing, in the first instance, congestion of the part, and this, in turn, incited action and inflammation, both leading sooner or later to abnormal cell-growth, cell-formation, or cell-development. It is in this way, and in this way alone, that we can satisfactorily explain those morbid growths, both benign and malignant, which, as the phrase goes, arise without any assignable cause. One of the most simple of all tumors, the sebaceous, is formed under the irritating influence of its own natural secretion, retained by the closure of its natural outlet. Obstruction of a lacteal duct is, there is no doubt, a frequent starting-point of scirrhus of the mammary gland. There is not a surgeon of any experience anywhere who has not occasionally met with cases of carcinoma which were due, directly or indirectly, to the effects of local injury.

Having laid down these propositions as so many fundamental principles, we are now in a position to take up the question of the importance of early surgical interference in morbid growths. The remarks which I shall offer under this head are intended to apply more especially to malignant neoplasms.

There are some tumors whose distinguishing features are so well marked, even in their earlier stages, that he who runs may read. On the other hand, great difficulty often presents itself, sufficient to perplex and puzzle the wisest and most experienced head, as well as the most cautious observer. When the tumor is fully developed, when its features stand out, as it were, in full relief, there can rarely be any doubt about its true nature, certainly seldom in the mind of an educated surgeon. Unfortunately few of the cases of malignant disease, either in our rural districts or even in our larger towns, come under our observation in time for early surgical interference. In the great majority of instances the mischief, in the form of great structural lesion, if not serious constitutional involvement, is unfortunately effected before the scientific and enlightened practitioner has an opportunity of inspecting the morbid product. Three circumstances may be enumerated as contributing mainly to this result: the want of correct diagnosis, the dishonesty or knavery of the professional attendant, and the folly or stupidity of the patient.

It is in vain to conceal from ourselves the fact that there are comparatively few reliable, ready, or trustworthy diagnosticians. Diagnosis is a high art, and it is not saying too much that the profession, as a body, are not sufficiently familiar with it to render it at all times, or even in a minority of cases, properly available at the bedside. It is, of all the arts in our profession, the one which demands the greatest amount of refined culture, experience, and tact, not culture, experience, and tact of an ordinary type, but of the highest possible type. Founded essentially upon a thorough knowledge of pathological anatomy, a branch of science little cultivated in any of our schools, and totally neglected in most, it is not surprising that the art of diagnosis should be so little understood by the generality of practitioners, and so many errors committed in the examination of morbid growths. If there is any one thing in the organization of our medical colleges more culpable, I had almost said more criminal, than any other, it is the exclusion from their curriculums of the study of pathological anatomy. Just in proportion as our knowledge of morbid structure is positive, accurate, and comprehensive will be the probability that we shall become skilled diagnosticians, and conversely. Hence, so long as this state of things exists, we shall look in vain for any marked improvement in this direction, and what is true in this respect is true alike of city and country practitioners, standing, as they do, upon the same unfortunate platform.

Knavery, dishonesty, and self-conceit are found in all ranks of life, and among all classes of men. That our profession should be wholly exempt from these infirmities is not to be expected. It abounds in charlatanry, in men who promulgate their claims in all kind of ways to allure and deceive the people by holding out false pretensions of cures, which they well know can never be realized. In this manner important time is often lost by permitting the case to progress until the propitious period for affording relief has passed by. In making these remarks, I desire to apply to the term "charlatan" a wider signification than the one in which it is usually employed. There are "quacks" in every profession, the clerical and the legal not less than in the medical; men who do not hesitate to prostitute their honor to self-interest, and make the merest trade of their vocation. Money is their god, and they worship him in any way best adapted to their object. Such men are not any better than the avowed, advertising charlatan.

A patient laboring under a serious morbid growth may consider himself as peculiarly fortunate if, in the early stage of his troubles, he fall into the hands of an intelligent, upright, conscientious surgeon. Such a man will not hesitate to express his honest convictions. He will not esteem it a disgrace to say to his patient, "your case is one I do not comprehend; it is an uncommon case; it is beyond the grasp of my limited experience; go and consult some one whose opportunities of observation have been more extensive; and be sure to lose no time in carrying my advice into effect. The knave, on the other hand, will do all he can to mislead his patient, and lull his fears by assuring him that his disease is of no importance, or by telling him that it will either remain stationary or, in time, disappear spontaneously. He is afraid to tell the truth, lest by showing his ignorance he should lose prestige, and thus damage his practice. To cap the climax of his impudence, he may even assure his patient that he is fully master of the situation, and that he knows as much about the nature of the case as the wisest and most experienced surgeon in the land. Now, it is precisely men of this stamp, and their name is legion, that do the mischief.

Ignorant of the art of diagnosis, or incapable of telling the truth, they allow the case to proceed from bad to worse, until the poor patient, in a fit of desperation, seeks, as a *dernier resort*, relief at a more enlightened and more honest shrine. The examination now made reveals the fact that the disease has made hopeless progress, and that any operation, if proper at all, can afford only temporary relief. Let me instance, as an illustration of my meaning, carcinoma of the female breast.

This disease, as is so well known, generally begins in the substance of the mamma as a small nodule or tumor, hard on pressure, and the seat of occasional pain of a shooting or darting nature. The woman is forty-five years of age. As the morbid action advances, the growth enlarges, the pain increases in severity and constancy, and, by and by, retraction of the nipple is noticed. Gradually the growth becomes more and more fixed in its situation, and if now the glands in the axilla—naturally so diminutive as to be scarcely distinguishable—be examined, they will be found more or less enlarged and indurated. The diagnosis is not difficult. The case is one of scirrhus, nothing else. A careful examination of the breast, and a careful consideration of the history of the case, leave no doubt as to its true character. If the patient is under forty years of age, or from twenty-five to forty, with a hard, movable nodule, the seat of occasional darting pain, especially annoying during the menstrual period, unaccompanied by change in the nipple, in the surface of the breast, and in the axillary glands, we assume that the neoplasm is a fibroma or adenoma, and unhesitatingly assure the patient that excision of the growth will eventuate in a complete cure.

In carcinoma of the breast, the honest and enlightened surgeon does not wait for involvement of the axillary glands or serious structural disease. He knows that the patient's safety, present and prospective, lies in the early use of the knife and in thorough excision. He urges the importance of prompt interference, and assures the patient that, if the operation be properly done, it will probably eventuate in a permanent cure, or, if relapse occur, that there will be a comparatively long exemption from suffering. Everbody knows what the result of excision of the mammary gland in ordinary cases of cancer is; how rarely the disease is completely removed, and how few women live beyond eight, ten, or twelve months after such interference. In all such cases, cancer cells have invaded the neighboring structures beyond the reach of the knife, especially as ordinarily employed, and serve as foci of new neoplasms. It makes one's very soul ache to see so many women doomed to endure the most frightful suffering in carcinoma of the breast for the want of a correct early diagnosis and the thorough ablation of the diseased structures. Of all the agony I have ever witnessed, there is none at all comparable to that arising from this form of malignant disease of the mammary gland in its more advanced stages.

Finally, there is a class of patients, the subjects of neoplasms, who, influenced by timidity or mock modesty, wilfully deceive themselves. Such persons are fully aware that there is some disease going on somewhere—that there is a thief concealed in some part of the house—but they are afraid to have the matter properly investigated, lest their worst fears should be realized, and be thus made miserable. They conceal from themselves, as well as from their friends, their true condition, and when this condition is at length discovered, it is generally found to be too late to afford any benefit, except of the most transient kind, by surgical interference. Like the ostrich, they hide their heads under their wings in the delusive hope of thus escaping the danger which threatens them. Of such cases, I have seen not a few in the course of my practice.

What has now been said is true alike of carcinoma, of sarcoma, and even of benign growths. In carcinoma, the cells are conveyed from the original disease by the lymphatic vessels, and in sarcoma by the bloodvessels, whereas in the ordinary tumor the increase is due simply to cell-proliferation, which often proceeds with extraordinary rapidity, the growth in a short time acquiring an enormous bulk.

In all operations undertaken for the removal of neoplasms of whatever nature, the golden rule is to perform the work as thoroughly as possible. If this cannot be done it is better in many cases, if indeed not in all, not to meddle with the growth at all, as such interference often only tends to light up increased activity, not only in the abnormal structures themselves, but in the surrounding ones. In carcinoma, the knife, as already repeatedly stated, cannot be employed too early. The longer it is withheld the greater will be the probability, not of relapse, properly so called, but of some of the cancer cells being left behind, buried out of sight, and thus serving as new centres of morbid action. All secondary developments, as enlarged and indurated lymphatic glands, should of course be removed in immediate succession. All sarcomatous neoplasms are, as a rule, dangerous formations, however early subjected to the knife, not so much on account of any inherent tendency to recurrence after extirpation, as from their liability to attack other parts of the body from causes similar to those which gave rise to the primary disease. The worst of all the sarcomas is the round-celled. Any rapidly growing tumor is, as a law, a bad subject for successful surgical interference. In excising the mammary gland for the removal of carcinoma, the plan so successfully adopted of late years by Dr. S. W. Gross, of cutting widely around the diseased structures, and healing the wound by the granulating process, is worthy of all praise. In a number of cases thus treated by him, the result has been eminently gratifying, one of the patients remaining perfectly well after the lapse of nearly five years from the time of the operation.

All benign growths of rapid development cannot be extirpated too soon. Let us, for example, take a cystic tumor of the ovary. No one will deny that a neoplasm of this kind of small bulk can be removed more easily, and with less risk to life, than a large one, or one of long standing. In the former case, there will probably be no adhesions, and little

or no danger of hemorrhage or shock; a comparatively small incision will be required to expose the mass, and the resulting peritonitis will be restricted within the healthy limits, the limits of repair. In ovarian cysts of large size, the reverse of all this is usually the case; there is also apt to be greater shock and greater liability to blood-poisoning. Similar remarks are applicable to chondromas, fibromas, and osteomas; operated upon early in their progress, their removal is generally easily effected with little or no risk to life; allowed to remain until they have attained a large bulk, the troubles and dangers of operative interference are augmented a hundred-fold. Nothing more happily illustrates the truth of the old adage, "A stitch in time saves nine," than early operations for the cure of such growths.

What should be the rule of action of the surgeon in cases in which, as for instance, in carcinoma of the breast, in which, perhaps, several operations have already been performed, there is a large ulcerated surface, attended with excessive pain and a large quantity of the foulest discharge, poisoning the very atmosphere which the sufferer is obliged every moment to inhale? Surely no sensible and humane practitioner would hesitate in such a condition to do the only rational thing to be done—to sweep away the whole mass of disease, so far as it is accessible to the knife, and then treat the wound and the system upon general principles. Such a procedure is the only feasible one of relieving pain, of moderating suppuration, and of making the patient temporarily comparatively comfortable. Death under such circumstances is generally hailed as a welcome visitor. In malignant disease of an extremity, attended by such a state of things, the proper remedy would, of course, be amputation without any ulterior hope of a cure. In the throat, portions of the sprouting mass may be clipped off with the scissors, and in the nose and the vagina, scraped away with special instruments. When all hope is at an end, the only thing to be done is to impart a silver lining to the remnant of life by means of anodynes, administered in quantities sufficient to relieve pain and promote sleep.

What I have here said respecting early surgical interference in malignant and other morbid growths applies with equal force to many other surgical affections, as well as to diseases in general. Thus an abscess, if not opened early and freely, is sure to cause serious destruction of tissue, to say nothing of the concomitant pain and other distress. A small stone is more easily crushed or extracted than a large one, while the risk to life is incomparably less, inasmuch as there is less danger from shock and hemorrhage, laceration of structure, urinary infiltration, pelvic cellulitis, peritonitis, pyæmia or uræmic poisoning. Besides, the longer a stone remains in the bladder and the more it increases in size, the greater will be the chance of its causing serious disease of the bladder and of its dependencies.

A pneumonia in its incipiency is, in general, easily managed. Rest in bed, abstinence from food and excitement, and an anodyne diaphoretic, with a turpentine stupe or a dozen dry cups to the chest, usually suffice to cut short the attack in a few hours, or, at most, in a few days. Allowed to progress, it becomes one of the most formidable maladies with which the physician has to cope, and forms one of the great sources of mortality, especially of advanced life.

A CASE OF NEPHRECTOMY FOR MEDULLARY CARCINOMA, AND PARTIAL CHOLEO-CYSTECTOMY FOR CALCULUS, IN THE SAME SUBJECT.

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ON the 14th of April, 1883, I was requested by Dr. William V. Keating to see with him a widow, fifty-nine years of age, who first noticed a small and painless tumor in the right iliac fossa, three months previously. The tumor occupied the lower right lumbar and inguinal regions and about one-third of the hypogastric region, was apparently as large as a child's head, nodulated, of tolerably firm but unequal consistence, mobile, everywhere dull on percussion, there being not the slightest evidence of the presence of the intestines in front of it, and a few drops of bloody fluid were obtained with the exploring needle.

Dr. Keating informed me that the patient had an attack of hæmaturia towards the end of February, which was repeated twice in March, the last requiring the internal administration of ergot for its control. About the middle of February, she began to have pain in the loins, and especially in the right one, which increased in severity with the growth of the tumor. From an examination made two weeks before I saw her, Dr. Keating excluded disease of the uterus or ovary, and diagnosticated carcinoma of the kidney. With the exception of a somewhat sallow and worn appearance, and attacks of migraine, the patient was in her usual good health.

The existence of a rapidly growing tumor and hæmaturia certainly pointed to malignant disease of the kidney; but the mobility of the mass, the fact that it was first observed in the anterior and lower portion of the belly, and that a lateral origin could not be traced, along with the absence of some portion of the intestines in front of it, rather favored the idea of sarcoma or carcinoma of the ovary. In his recent work on *Ovarian and Uterine Tumors*, Mr. Wells states that neoplasms of the kidney are fixed, that they are situated behind the intestines, and that they are originally detected between the false ribs and the ilium, whence they extend first towards the umbilicus, next into the hypogastrium, and lastly downwards towards the groin. As these symptoms were reversed in the case under consideration, it is quite evident that, however reliable they may be when the growth is small, they cannot be depended upon when the growth is large. The diagnosis was also obscured by the condition of the bladder, the fundus of which was found to be tender on exploration with the sound, so that it might have been a possible

source of the hemorrhage, particularly as the urine contained no other foreign elements than blood-corpuscles.

Under these circumstances, it was determined to advise the patient to submit to an exploratory incision, with the understanding that the question of further interference be left to our judgment.

With the assistance of Dr. Keating, Dr. Mears, Dr. Hearn, Dr. Wirgman, and Dr. Newman, the operation was performed, under ether, and with strict antiseptic precautions, on the 20th of April. An incision was made from two inches below the umbilicus along the linea alba for three inches, and hemorrhage arrested with artery clamps, before the peritoneal cavity was opened. Exploration of the tumor showing that the kidney was the organ involved, the incision was prolonged to within two inches of the tip of the ensiform cartilage, when the enormously enlarged and fatty right lobe of the liver was seen to extend into the upper right lumbar and umbilical regions, the gall-bladder, distended with bile, and occupied by a stone as large as a Spanish olive, reaching almost to the umbilicus. The peritoneum covering the anterior surface of the tumor was pervaded by large vessels. This was divided to a slight extent, and rapidly peeled off with the fingers, the procedure being attended with considerable venous hemorrhage. On account of the friability of the tumor, and the projection of a fungous mass along the side of the pelvis of the kidney, it was thought best not to incur the risks of hemorrhage by endeavoring to ligate the ureter and renal vessels separately. Hence the pedicle was transfixed, and tied in two portions with stout carbolized pure silk threads, and the tumor severed from its attachments. Furious bleeding occurred from the renal artery; but Dr. Mears succeeded in grasping the pedicle with his fingers, when I was enabled to encircle it with a catgut ligature, through which further loss of blood was effectually prevented. At this stage of the procedure, the color had left the face, and the pulse was very feeble. The calculus was then drawn down into the fundus of the gall-bladder, both of which were cut away after the latter had been secured with a catgut ligature. The peritoneal cavity having been carefully cleansed of blood, the edges of the incision were united with silver sutures carried through the entire thickness of the abdominal wall; a drainage-tube was inserted in the lower angle of the wound, and carbolized gauze was secured in position with a flannel bandage. The operation occupied fifty-five minutes, and, towards its completion, brandy and iced water were freely administered by the mouth, with the effect of steadying the pulse and relieving the pallor.

The patient reacted well, and at 4 P. M., or three hours after the operation, a hypodermic injection of morphia and atropia was administered on account of suffering. At 8 P. M. the pulse was 108, and the temperature, taken by the mouth, was 100.1°. The catheter drew off three ounces of urine.

April 21.—The patient passed a comfortable night, until 4.30 A. M., when she complained of slight nausea and pain. Brandy and iced milk have been administered every three hours. The urine was drawn off at 6 A. M. Morning temperature 99.4°, and pulse 100. The bladder was evacuated at 9.30 A. M., and again at 2.30 P. M., and a subcutaneous injection of morphia given, at the latter hour, which was repeated in three hours. Evening temperature 100.1°; pulse 104. Urine drawn off at 8.30 P. M.

22d.—At 11 P. M. last night the patient was seized with a slight chill, and vomited a small quantity of bile. The temperature was 98.4°, and the pulse 130, which had risen respectively to 103° and 148 at 12.30 A. M. At 1 A. M. half an ounce of urine was evacuated; an hour later, she had quiet delirium; and at 3 A. M. she had another hypodermic injection of morphia to relieve her great pain and restlessness. At 6 A. M. the catheter failed to bring away any fluid, and from this time until her death, twenty-three hours later, there was complete suppression of urine, for which infusion of digitalis and hot applications to the left lumbar region were ordered. At 8 A. M. the pulse was 132, and the temperature 102°. On dressing the wound, the parts were found to be perfectly dry, and as there had been no escape of fluid through the drainage-tube, the latter was removed. There was some tenderness in the right loin and slight tympanites in the left lumbar region. Dressings reapplied. 11.30 A. M., pulse 138, and feeble. 6 P. M., pulse the same; temperature 97°; hands cold; intellect clear; voice strong; tongue moist. Morphia administered by the skin. 10 P. M., pulse flickering and scarcely perceptible.

23d.—At 1 A. M. patient became unconscious, and was very restless, and death ensued at 5 A. M., or sixty-five hours after the operation.

On post-mortem inspection, the wound was found to have united throughout the greater portion of its extent. The peritoneal cavity contained about six ounces of blood-stained serum, and some of the coils of the small intestines were livid, and slightly adherent to one another. The left kidney was apparently sound and slightly congested. The bladder was empty and contracted; the liver was greatly enlarged and fatty. The stumps of the pedicle of the kidney and of the gall-bladder were in an excellent condition. The viscera and lymphatic glands were free from secondary growths.

The kidney weighed eighteen ounces, and measured fifteen inches and a half in its long circumference, and ten inches and a quarter in its short circumference. With the exception of one inch of its upper extremity, it was converted into a medullary tumor which, on subsequent minute examination, proved to be carcinomatous.

The fatal issue was evidently due to peritonitis, complicated by suppression of urine, which was not secreted for twenty-eight hours before death. Indeed the total amount drawn off during the first thirty-seven hours scarcely amounted to sixteen ounces, and it was for this reason that we were somewhat chary in administering opium. In the way of nourishment, she took milk, brandy, and champagne, all of which were well borne by the stomach.

The kidney has been extirpated for sarcoma and carcinoma twenty-two times, the operators having been Czerny in five cases, Kocher in two cases, and Wolcott, Martin, Langenbuch, Jessop, Hueter, Lossen, Barker, Byford, Bardenheuer, Whitehead, Hicquet, Luecke, Adams, Thornton, and myself, respectively, in one case. The nature of the tumor is recorded as sarcoma of the kidney in 14; carcinoma of the kidney in 3; encephaloid of the kidney in 3; sarcoma of the capsule of the kidney in 1; and perinephritic sarcoma in 1. Of the 22 cases, 1 was under treatment at the date of the report, 9 recovered, and 12, or 57.14 per cent., died. Fifteen of the operations were by the abdominal incision, of which 5 recovered, and 10 died; and 7 were examples of the lumbar incision, of which 4 recovered, 2 died, and 1 was still under treatment. The causes of death were primary hemorrhage in 2; collapse ten hours after furious bleeding in 1; peritonitis in 3; septic peritonitis in 1; and shock, pulmonary embolism, uræmia, septicæmia, and exhaustion from profuse purulent discharge each in 1.

It will thus be seen that, apart from the risks common to all ventral and lumbar incisions, the great danger is from hemorrhage, which, even if it does not terminate fatally, may be expected to be considerable in the majority of cases, from the renal artery, the renal vein, particularly on the right side, or from one of the large veins ramifying over the tumor. Hueter's patient perished during the operation from laceration of the renal vessels. In one of his cases, in attempting to enucleate the tumor, Czerny tore the renal artery, and was obliged to tie the aorta, the patient surviving ten hours; and in a second case the patient died on the table from bleeding from the lacerated renal vein. Luecke tore the vena cava, but arrested the hemorrhage by temporary compression, the patient expiring from uræmia on the fourth day, the remaining kidney being cystic and contracted.

In expressing an opinion as to the wisdom of extirpating a kidney the seat of malignant disease, the questions of the immediate mortality of the operation, of the chances of early recurrence, of the prolongation of life, and of a final cure must be considered.

1. As I have pointed out, the mortality of the procedure is 57.14 per cent., which is not only greater by 20 per cent. than that after nephrectomy for other lesions, but also exceeds that of colectomy, laryngectomy, or any other excision for malignant growths, with the exception of resection of the pylorus and abdominal hysterectomy. On this ground, therefore, the operation is to be condemned.

2. The question of recurrence is not easy of solution, since of the nine recoveries, there is no further history in two; one died of recurrence in nine months, the case having been that of a child two years and a half old, under the care of Jessop; one died of secondary growths in forty-five days, the primary growth having existed two years; and five remained well, respectively, for thirty months, twenty-two months, three months, two months, and forty-six days. Hence, the disease returned in 28.57 per cent. of the cases. All of the tumors were sarcomatous. Of the patients who did not survive the operation, in at least four—the growths having been sarcomatous in two and carcinomatous in two—portions of the tumor were left behind, and continuous recurrence would, of necessity, have carried them off. Of the nineteen living or dead cases in which the result is known, therefore, the disease returned or would have returned in six, or 31.57 per cent.

3. Extirpation of the kidney for malignant growths certainly does not prolong life, if the statements of Rohrer and Roberts be true, that the average duration of life without operation is two years and a half for adults, since, of the cases in which this point could be traced, the average life was rather less than twenty-four months.

4. The cases are too few upon which to base the decison of final cure; but the record of two patients who remain well for thirty months and twenty-two months is far from being a gloomy one, in an affection which is invariably fatal if not subjected to surgical interference.

Although the immediate mortality is so great, and although the recurrences number nearly one-third, I am of the opinion that, after the risks have been fully explained to him, the patient should be given the chance if he desires it; and this view is strengthened by the fact that primary malignant disease of the kidney evinces less tendency to invade the surrounding tissues, and give rise to metastases, than similar disease in other organs. Kühn declares that secondary growths are found in only 28 per cent. of the cases in children, and in 44 per cent. in adults. If these statements be true, nephrectomy, in the early stage of the affection, should in the future show more favorable results than have attended it up to the present time, especially as the majority of the growths of the kidney are of a sarcomatous nature.

In the extirpation of sarcomatous or carcinomatous kidneys, the following rules should, if possible, be rigidly adhered to: The capsule of the organ should always be removed; the incision, when the growth is large, should be made along the outer side of the rectus muscle, as recommended by Langenbuch, through which the ureter and renal vessels can be more readily and safely reached than through the median ventral incision; and the ureter should be pinned outside the abdominal incision, as practised by J. Knowsley Thornton, so that the septic material which it contains may not be left in the cavity of the belly. Another real source of danger is sloughing of the ligated ureter when dropped into the abdomen. Such an accident happened to Mr. Thornton, in his case of extirpation of a kidney for sarcoma of its capsule; but, as he informed me in a letter dated April 1, 1883, the slough came away through the drainage opening on the fortieth day, and his patient was alive at the time that he wrote me.

The gall-stone was removed with the investing portion of the gall-bladder to get rid of a source of discomfort in the event of the patient's recovery.

That the operation would not increase the risks was inferred from the fact that Langenbuch, in 1882, successfully extirpated the gall-bladder of a man, forty-three years of age, on account of calculous concretions. The stone might have been removed by an incision, which could have readily been united with the continued suture; but the former course was deemed the more advisable, as the weak condition of the patient demanded the immediate closure of the abdominal incision in order that she might be put to bed, and that bottles of hot water might be applied to the extremities.

MEDICAL PROGRESS.

QUEBRACHO IN DYSPNŒA.—MARIANI thus sums up a paper on quebracho in the treatment of dyspnœa: 1. Quebracho diminishes the frequency of the respirations and cardiac contractions. 2. Its action appears to be principally directed on the heart, strengthening and regulating its contractions, either directly or by the influence of the nervous system. 3. This action is evident and immediate. 4. It is the only remedy which has a manifest antidyspnœic action. 5. In nervous dyspnœa it must be tried in a greater number of cases to judge of its action. 6. It probably produces the same effect in dyspnœa from acute affections of the thoracic organs. 7. The prolonged administration produces no alteration in other organs or functions.—*London Med. Record*, May, 1883.

PERITONEAL TRANSFUSION FROM AN ARTERY.—DRS. CORONA and COCCO-PISANI, after making experiments on animals as to the effects of direct transfusion from an artery into the peritoneal cavity, report the following results: 1. Pure blood, passed directly from a carotid artery into the perineum of another animal, is entirely absorbed. 2. In small animals, three ounces of blood had been entirely absorbed in five days. 3. The blood, until its disappearance, remains fluid in the peritoneal cavity. 4. The increase of hæmoglobin begins after twenty-four hours, and continues for a certain indefinite time. 5. The animal suffers no injury on the part of the peritoneum or of any other organ.—*Centralblatt für Chirurgie*, March 24, 1883.

RUPTURE OF THE SCIATIC NERVE.—DR. CONRAD KUSTER reports a case in which a rupture of the sciatic nerve was mistaken for fracture of the neck of the femur. The patient, a strong man, æt. 30, slipped and fell backward while walking. He immediately felt a severe pain in the right leg, and numbness in the foot. He was unable to stand, and was carried to his house, where Küster saw him on the following day. At that time, he was suffering great pain in the limb—so great that a dose of morphine only partially relieved it. The limb was rotated outward, and seemed shortened. There was slight swelling in the neighborhood of the hip-joint, and pain on pressure was most severe at this point. At first sight, there seemed to be a fracture of the neck of the femur. This diagnosis had been guardedly made by two physicians, who saw the case soon after the accident, but, on account of the intense pain, had not made an examination. Dr. Küster diagnosticated rupture of the sciatic nerve, as there was no crepitation, and passive movements caused but little pain. The subsequent conduct of the case confirmed this diagnosis. Morphine was given to relieve the pain, and warm baths administered as soon as possible. The patient was in bed over six weeks, and five months afterwards was able to go about with a crutch and stick.—*Berliner klin. Woch.*, March 26, 1883.

REFRACTURE OF THE PATELLA.—MR. H. PARSON gives the particulars of a case of refracture of the patella (for the third time), with a description and illustration of a new appliance for treating fractured patella. It consists of two semilunar pieces made of some round, narrow, unyielding material, shaped to fit the edges of the lower and upper fragments. One piece slides on the other and admits of closing and separating them by means of screws and without any other movement; so that, when adjusted and firmly strapped to the side supports of a suitable splint prepared for it, the upper and lower pieces are perfectly rigid one with the other. It is then almost impossible for the patella to slip out of position. The semilunar pieces being narrow, they form grooves for themselves behind the fragments, and have a tendency to run under the bone instead of over-riding as most other appliances do; thus the pieces are kept firmly in good position in their proper plane and have no tendency to tilt. This apparatus was applied about the end of the third week from the date of the accident, and the patient removed to the couch. At the end of the fourth week he came down stairs with assistance, and went out in a Bath chair. At the fifth week he walked round the garden with the aid of sticks. At the seventh week he walked a mile with one stick. At the end of the eighth week he returned to business, walking to and fro, that is, two miles daily. He could walk well wearing the appliance, and experienced very little inconvenience, and to the best of my knowledge, the fragments never slipped once during the twenty weeks that he wore the splint. The pressure was relieved at times by small tufts of cotton-wool, and by wearing an old splint at night, but during the latter part of the time nothing was worn at night, thus abrasions from continued pressure were avoided entirely.

The patient now walks well, and is not particular as to distance, but still wears a contrivance to support the knee-cap and limit the movements of the joint. The advantages claimed for the appliance are these:

1. As soon as the primary inflammation has subsided and the apparatus firmly and properly adjusted, the patient can begin to move about, and in a short time follow his usual business pursuits.

2. The long confinement to bed is avoided; thus the patient retains his health and strength, and the condition is more favorable to the repair of tissues.

3. Easy adjustment of fragments and the keeping of them in good position, without fear of slipping when the patient is walking.

4. The slight movement of knee in walking prevents a stiff joint, and keeps up sufficient activity in the parts to complete the union.—*The Lancet*, May 19, 1883.

WOOD-WOOL, A NEW SURGICAL DRESSING.—For the past six months PROF. PAUL BRUNS, of Tübingen, has been using a new material as a surgical dressing, which he calls "wood-wool," which is better and cheaper than gauze or wadding, and fully equal to oakum, tow, or turf. It is prepared antiseptically, in the same manner as the other dressings, though he prefers the sublimate wood-wool. After the wool is prepared and dried, it is impregnated with a one-half per cent. corrosive sublimate solution and ten per cent. of glycerine. Its capacity for absorbing is superior to that of any other dressing. After an operation, the wound is washed with the sublimate solution, one per cent.; then drainage-tubes are put in place, and the dressing completed by the application of wood-wool, covered with sublimate-disinfected gauze. Prof. Bruns has used this dressing in over one hundred operations, and is highly pleased with the results.—*Berliner klin. Wochensch.*, May 14, 1883.

INSUFFLATION AND SWALLOWING SHOT IN ILEUS.—Pedrini has treated three cases of ileus, with well-marked symptoms of invagination of the bowels, obstinate constipation, stercoraceous vomiting, pain, etc., by making the patient swallow, after all other remedies had failed to give relief, five or six bullets, and five pounds of No. 3 shot; at the same time using prolonged and repeated insufflation of air by the rectum. The success in each case was complete, relief being quickly obtained, and the patient making a good recovery.—*London Medical Record*, May, 1883.

RELATION OF LIVER ABSCESS TO DYSENTERY.—SIR JOSEPH FAYRER thus summarizes the relation between abscess of the liver and dysentery:

1. The so-called abscesses which originate in local deaths of parenchyma (pyæmia, embolic deposits, or infarcts) are cavities varying in size from a mere speck to an orange, containing débris, sanies, puriform matter, leucocytes, and finally pus. They are seen in various stages of development, and are not necessarily confined to the liver, but occur in other viscera or regions of the body. These are truly pyæmic.

2. There is, I believe, a form of liver abscess coexistent with, and perhaps due to dysentery, which is the result of direct absorption and transference of pus or septic matter from the bowel to the liver through the mesenteric veins. Such may be solitary, double, or triple. This is also a very dangerous form of the disease, though not necessarily fatal, as it is feared must always be the case in the former variety.

3. Dysentery, malarial fever, and hepatitis may coexist, or supervene on each other as effects of common climatic cause; it seems natural to ascribe the liver abscess in such cases to the dysentery, but it is probable that they are rather coincidences than consequences of each other, and that the cause which affects the glandular structures of the large intestine may determine the mischief in the liver in certain climates and localities; such are obviously very different from those previously mentioned.

4. Lastly, I may just allude to the ordinary large and most frequently single tropical abscess, which is quite independent of dysentery, though, as just mentioned, it may coexist with or follow it. Each or all of these forms may be brought under our notice as the result of disease originally contracted in certain climates.—*The Lancet*, May 19, 1883.

CARCINO-SARCOMA OF THE UTERUS IN A CHILD.—PROF. ROSENSTEIN has recorded an example of alleged mixed sarcoma and carcinoma of the uterus in a child two years old. The child was taken to the doctor chiefly because it had not passed water for three days. On clinical examination a tumor of the belly was detected, which was partly due to a distended bladder. After 700 cubic centimetres of urine had been drawn off by means of a catheter, a tumor was still to be felt, which reached about three fingers' breadth above the pubic symphysis. The child died after it had been under observation for fourteen days. At the post-mortem examination the uterus was found to be closely adherent to the bladder, an irregularly rounded tumor was seen projecting above the apex of the bladder, and apparently springing from the right lateral wall of the uterus, which was tilted towards the left; this nodule extended for about an inch beyond the limits of the fundus. Another nodule the size of a walnut was seen to project from the left of the fundus. The greatest length of the uterus was about two inches and a half, its thickness, from before back, about one inch and a half. Microscopical examination showed in some places, between the bundles of muscular tissue a very fine alveolar stroma, packed with epithelioid cells of various shapes and sizes, and which contained one or more nuclei. In other parts the structure resembled that of a spindle-celled sarcoma.—*The Lancet*, May 19, 1883.

KAIRIN.—DR. HALLOPEAU gives an account of his investigations with regard to the antipyretic properties of hydrochlorate of kairin, introduced to notice by Prof. Filehne, of Erlangen. Its proper name is the methylhydrate of oxyquinoline ($C_{10}H_{13}NO$), being, like quinine, a derivative of quinoline. Prof. Filehne gives from five to eight grains (in a fever of medium intensity) every hour or hour and a half, the temperature becoming lower from a half to two degrees even after the first dose. After the third or fourth dose, it descends to the normal, or even lower, its fall being rapid in proportion to the dose, and accompanied by profuse sweating, which soon ceases if the temperature be maintained at the normal by new doses of the kairin. During the apyrexia, the patients experience a marked sense of comfort, the pulse recovering its normal frequency; but in order to maintain this state, the medicine has to be continued at the above-mentioned doses, or in grs. xv doses every two hours and a half, otherwise the fever returns as before. Dr. Hallopeau, from the few trials which he has made of this substance, quite confirms Prof. Filehne's statements, and comes to the conclusion that of all antipyretic agents, it is the one of which, at non-poisonous doses, the action is most certain, most powerful, and most rapid, and that it constitutes a precious resource in therapeutics, enabling us to counteract with certainty the dangers which hyperpyrexia in itself induces.—*Bull. de Thérap.*, March 30, 1883.

SASSAFRAS TEA IN RHUS POISONING.—DR. R. L. HINTON claims that sassafras tea is almost a specific for the rash of poison oak. The tea is an infusion of the bark (of the root) of the red sassafras. The affected parts are covered by compresses soaked in the cold infusion, while the warm tea is administered internally, sweetened or with milk.—*Medical Record*, April 14, 1883.

TREATMENT OF OZÆNA.—PROF. MASSEI says that if the mucous membrane is hypertrophied and the nasal cavity constricted, dilatation may be necessary. This is much better accomplished, as Massei recommends, by the douche of compressed air, simple or medicated, than by bougies. To cleanse the nasal cavities from the masses which encumber them, and to prepare the ground for other remedies, is the first indication. Weber's douche acts better than any other, and a simple alkaline or saline solution is better than astringents. Salt water or common salt dissolved in water (1 in 100) does very well. Afterward some antiseptic wash must be used. Massei prefers the following: salicylic acid grs. xvj, borax grs. xxxv, water Oj, with sufficient citrate of ammonia to dissolve the salicylic acid. He prefers the insufflation of powders or the application of ointments to pencilling with caustics. He finds calomel answer as well as any. If the exudation be thick and tenacious, and crusts form, ointments are preferable. He recommends inodorous iodoform, as in the following formula: iodoform, grs. xvj; balsam of Peru, grs. xxxv; vaseline, ʒv; the iodoform or balsam of Peru being mixed together before adding the vaseline—or borax and glycerine, 1 in 5. Inhalations of iodine may also be useful. The douche must be always used warm. Constitutional treatment must not be neglected. Iodide of iron and cod-liver oil should be given to scrofulous patients. Marine and sulphur baths are often of great service.—*London Med. Record*, May, 1883.

THE MEDICAL NEWS.

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SATURDAY, JUNE 9, 1883.

THE AMERICAN MEDICAL ASSOCIATION.

CLEVELAND, June 7, 1883.—The Cleveland meeting of the American Medical Association has been large, interesting, and successful. In saying this, we do not refer so much to the Addresses and papers presented, which, however, were fully up to the usual standard both in quantity and quality, as we do to the general harmony of opinion which prevailed with regard to the important questions of medical politics which were impending, and the progress made in ascertaining and defining the views of the profession of the country upon these subjects.

As regards the questions which have been raised respecting the Code of Ethics, it was soon evident that the feeling in favor of retaining intact the time-honored laws of the Association was so universal that it was useless to discuss the subject, and the strength of this feeling was indicated by the dignified silence which was almost universally maintained with regard to it.

Every registered delegate and permanent member complied with the requirements of the constitution by signing a declaration of approval of the regulations of the Association, including its Code of Ethics, and although a few at first objected to do this on the ground that it was a new and unauthorized requirement, their scruples vanished when they learned that it was no new thing, but only a return to an old rule.

The report of the Committee on the Journal was approved without serious objection or criticism. The general sentiment being that while it is a somewhat doubtful experiment, it is one that is worth making, and that no great harm can come of a year's trial of the new plan.

The selection of Dr. Austin Flint, Sr., for President, for the coming year, gives general satisfaction, and is an indication of the prevailing current of feeling, which is deep and strong.

We congratulate the Association and the profession upon the stand it has taken and the work it has done, and offer our best wishes for the success of its new undertaking (the journal), the first number of which is to appear within a month.

In another column we have the pleasure of laying before our readers a full report of the proceedings of Tuesday, Wednesday, and Thursday, received by telegraph from our special reporters.

HYDROPHOBIA.

A RECENT discussion on hydrophobia, before the Philadelphia County Medical Society, has freshened this perennial, if somewhat hackneyed, subject. Also, the approach of the "dog-days," associated in the popular mind with this dread disease, requires us to say, at least, that it is a popular fallacy to connect this season with a special susceptibility of the canine race to the peculiar poison of hydrophobia. If the season be not specially timely for the disease, the important etiological and pathological questions raised in Dr. Dulles' paper are always awaiting an answer. Some of these are the specificity of the poison; the absence of definitely related anatomical changes, and the existence of a neurosis having the same objective symptoms, due not to a special poison, but to the effect of a disordered imagination.

The existence of a special virus of hydrophobia must yet be regarded as *sub judice*, notwithstanding the number of facts which seem to prove the affirmative. The question of spontaneous origin of the poison is, also, much disputed. These points are best considered together in the brief space at our disposal for this discussion. It is first to be observed that in certain noxious reptiles there is a special apparatus — salivary — for producing a venom. The saliva of some men has a toxic activity when administered subcutaneously to certain animals. The normal constituents which may exert such an action are the ferment, *ptyalin*, and sulphocyanogen; possibly also the potash salts. Saliva, both in the human subject and in some animals, seems to be modified in its properties by

profound emotional disturbance. There are apparently well-authenticated instances of hydrophobia caused by the bites of men inflicted in a state of intense and overpowering anger. That the saliva of healthy dogs may have a poison developed in it under circumstances of extreme anguish seems to be even less doubtful. Dogs confined, insufficiently supplied with food and water, and deprived of sexual gratification, have, there is reason to believe, become rabid. Again, a dog lost, pursued by evil-minded boys with shouts, and pelted with stones, without food or water, may, at length, as facts seem to indicate, grow distracted and vicious, and the saliva then acquire toxic properties. There are analogical changes in other secretions—the mother's milk, for example—which, under the influence of overmastering passion, may become actually poisonous. To the same category belong those poisons of an alkaloidal nature which are produced by the action of ferments in the course of infectious diseases. The most plausible theory is that which ascribes the toxic activity of the saliva to nervous (trophic) influence. Once acquired, it is probable that the poisonous principle becomes self-perpetuating, in accordance with the doctrine and laws of evolution.

It was held in the paper above referred to, and in the remarks of the principal speaker, who opened the discussion, that the morbid anatomy of hydrophobia is not sufficiently explicit to permit an accurate description. No reference, however, was made to the careful studies of Gowers, who goes so far as to affirm that "given the fact of an *acute* disease, a post-mortem diagnosis might, in the vast majority of cases, be made with certainty by the microscope." Benedikt, Coats, and others hold to the essential nature of the changes, also. The lesions which are regarded as characteristic are situated in the medulla (in the neighborhood of the respiratory centre) and in the salivary glands. These observations cannot, we think, be disposed of by mere negations. Not to find them, after a search guided by the requisite intelligence, is to place the case outside of the proper sphere of a malady produced by a specific poison. Under such circumstances, the malady becomes a mere neurosis.

Is there an affection presenting the objective signs and symptoms of hydrophobia produced merely by an all-absorbing mental and moral impression? We believe that the facts warrant the assumption that a neurosis, not distinguishable from the specific disorder in respect to its symptomatology, and frequently mistaken for it, really exists. The influence of the imagination in the production of morbid states is too well recognized to require statement here. A susceptible person receiving a bite or a scratch from a domestic animal, although free from disease, is ever after haunted with the fear of hydrophobia. Every detail connected with the disease is eagerly heard, treasured up in the memory, and gradually a complete picture of the malady is projected on the field of conscious impressions. Is it surprising, when some slight ailment disturbs the equanimity of the organic processes, that these realistic conceptions of hydrophobia should start up in vivid relief, and all the objective details of an attack, one by one, come to be realized in actual symptoms? That a fatal result should happen from a purely imaginary disease is by no means uncommon; but much depends on the locality of the seat of disturbance. A neurosis involving the functions of the medulla is vastly more important than one which is situated in the brachial plexus, for example. How can a mental impression, never so profound and all-pervading, stop the medulla oblongata functioning? Brown-Séquard would say "inhibition." When a powerful magnet is struck a tremendous blow, the magnetic property ceases on the instant. Similarly the spinal cord may cease to functionate. Still more pertinent is the ready physiological explanation. The paroxysms of hydrophobia require the evolution from the disordered centre of a large quantity of nervous force. No law is better established than that depression follows over-action, and that continued excitation must ultimately entirely exhaust the centre acted on. The more highly specialized the tissue in function, the more readily does it respond to irritation, and the more quickly are its powers exhausted. In these physiological facts do we have an adequate explanation of death due to a strictly functional neurosis.

In Dr. Dulles' paper and in the discussion which followed it, there was no suggestion of a remedy. Silence on this topic indicates the discouraging nature of the subject. The great clinical point—the separation of the specific infective prototype from the mimic disease—is the most fruitful field awaiting appropriate cultivation. We postpone to some more convenient season the consideration of the therapeutical questions connected with the management of this disease.

CHLOROFORMIZATION.

M. PAUL BERT has been engaged for several years in the study of the action of anæsthetic agents. The problem to which he has lately applied himself is to determine the physiological modifications due to the minimum and to the maximum quantity of vapor. By means of a suitable apparatus, the animal experimented on inhales the vapor during a period of ten hours. The quantity of vapor given may be less, or greater, than that necessary to induce an

anæsthetic condition which is within the limits of safety. His results demonstrate the superiority of the method employed by some administrators—the method by which the anæsthetic state is promptly induced by a full supply of vapor, after which a minimum supply is furnished, but sufficient to maintain insensibility. A quantity which is quite insufficient to bring on the condition of anæsthesia will maintain it when once induced by larger doses.

We know of a uniformly successful chloroform administrator, whose use of the anæsthetic, at the beginning of the inhalation, seemed to be almost reckless. Dashing on to the towel-cone an ounce or more of chloroform, he brought the patient very promptly under its influence. In this practice the source of safety lies in the immediate suspension of the reflexes. As Bert's experiments show, the fall of temperature caused by anæsthetics is in a direct ratio to the duration of the inhalation, and the danger corresponds. The loss of body-heat is much greater with a small quantity of the anæsthetic slowly administered than with twice the quantity given rapidly.

The superiority of the rapid inhalation method then appears to consist in two safety-factors: in the prompt abolition of the reflexes; in the less quantity of heat lost. Experiment and experience here coincide. In such observations the presumption is that the heart is sound. Pathological states, especially a fatty condition of the heart muscle, and degenerative changes in the motor ganglia may confound the best considered rules based on observation and experiment merely.

SALICYLIC ACID IN SKIN DISEASES.

DR. RABITSCH has used with success, in some affections of the skin, an alcoholic solution of salicylic acid, having the strength of ten per cent. (10 parts of salicylic acid, 90 parts of alcohol). Sometimes the affected parts are merely sponged with this solution; in other instances, bandages, moistened with the solution, are applied. The cases thus treated consisted of herpes tonsurans, involving most of the scalp, the ears, and the neck, and large patches had formed on the thighs and limbs; of two of pityriasis versicolor, of two of eczema marginatum. Most of these cases appeared to be of long standing, and yet they yielded completely and, comparatively speaking, very rapidly to applications of the salicylic acid solution. Dr. Rabitsch prepares the parts for the treatment by the preliminary application of glycerine, followed by soap and water, to secure the detachment of crusts, and then the solution is freely used in the modes above described. How much of the result may be due to the alcohol, and how much to the salicylic acid, does not appear.

TREATMENT OF CORYZA BY THE SULPHATE OF ATROPINE.

A PHYSICIAN of Rheims, M. GENTILHOMME, has recently proposed the use of atropine as a remedy for *acute coryza*. He conceived this notion when reflecting on the power of this agent to arrest the secretions of the nasal mucous membrane. He appears to be unaware that this fact has long been known and frequently utilized in the treatment of affections of the broncho-pulmonary mucous membrane characterized by excessive secretion. Atropine frequently acts most efficiently in summer catarrh, in hay asthma, and in ordinary asthma accompanied by bronchorrhœa. Dr. Gentilhomme, only reiterates a fact, therefore, and has made no discovery. He has, however, rendered a service by freshening the professional recollection of a useful practice. The preparation employed may be a solution or a granule. The former is preferable since changes in the dose given is often necessary. If one grain of sulphate of atropine be dissolved in four drachms of water, two minims will contain $\frac{1}{120}$ grain, usually a sufficient dose to begin with.

THE ANATOMY BILL.

WE are very glad to learn that the Legislature of Pennsylvania has passed the new Anatomy Act substantially as drafted by the anatomists. The Governor has signed the bill, and it has now become a law.

As soon as we obtain a certified copy, we shall publish it in full for the information of our readers. It is, we believe, the most liberal and practical Act in this country, providing not only for obtaining and using material all over the State, but also an excellent plan for its equitable distribution. We hope other States will soon follow suit.

DR. RAUCH, the Secretary of the Illinois State Board of Health, has favored us with a copy of a letter addressed to him by one L. C. Washburn, President of the St. Louis Eclectic Medical College, in which the latter functionary characterizes the Board which Dr. Rauch represents as "dastard bigots and villains," of which Dr. Rauch is the "chief," because it refused to issue to those holding diplomas from said school, certificates permitting them to practice in Illinois. The letter is another one of those masterpieces of bad spelling and general illiteracy which are the expression of outbursts of rage on the part of those who seek to make a traffic of the issue of diplomas, when they are foiled in any of their efforts. The field of Illinois is cut away from them, and this angry wail goes forth malignant but harmless, as the expiring cry of a beast of prey. Would that every State would adopt a policy like that of Illinois.

SOCIETY PROCEEDINGS.

THE AMERICAN MEDICAL ASSOCIATION.

Thirty-fourth Annual Meeting, held at Cleveland, Ohio, June 5, 6, 7, and 8, 1883.

(*By Telegraph.*)

(Specially reported for THE MEDICAL NEWS.)

TUESDAY, JUNE 5TH.—FIRST DAY.

GENERAL SESSION.

THE Association met in Case Hall, Cleveland, and was called to order at 10.30 A.M., by X. C. SCOTT, M.D., Chairman of the Committee of Arrangements.

The session was opened with prayer by the Right Reverend Richard Gilmour, Bishop of Cleveland.

The PRESIDENT, JOHN L. ATLEE, M.D., of Lancaster, Pa., was then introduced, and took the chair.

GENERAL EDWARD S. MEYER delivered an address of welcome.

The ex-presidents and vice-presidents of the Association were then invited to take seats on the platform. The appearance of Prof. S. D. Gross upon the stage, was hailed with prolonged applause.

The programme of the meeting was then announced.

THE REGISTRATION OF MEMBERS.

DR. X. C. SCOTT, *Chairman of the Committee of Arrangements* announced the reception of protests against the registration of members who had not signed the Code of Ethics, which with other protests were referred to the Judicial Council. The Chairman also announced that all delegates in registering, had been, or would be, required to sign a blank to the effect that "in acknowledgment of having adopted the Constitution and By-Laws and Code of Ethics of this body, and of my willingness to abide by them, and of my endeavors to carry into effect the objects of this Association, I hereunto affix my name."

Several delegates refused to sign this form, and were therefore not registered.

The SECRETARY then announced the reception of letters from a number of delegates, who for various reasons were prevented from being present.

The PRESIDENT, DR. JOHN L. ATLEE then delivered

THE ANNUAL ADDRESS

(see page 639), which was received with considerable applause, and the Association passed a vote of thanks for it.

THE OHIO STATE MEDICAL SOCIETY

in session in Cleveland, were, on motion, invited to become members of the Association by invitation.

DR. J. S. BILLINGS, U. S. A., presented a communication from the President of the British Medical Association and Dr. Mahomed, inviting coöperation with the committee of the Association on the

COLLECTIVE INVESTIGATION OF DISEASE.

Referred to the standing Committee on Atmospheric Conditions and their relations to the Prevalence of Disease.

DR. H. D. DIDAMA, of New York, presented a communication from Dr. Tyndale, of New York, containing a petition to Congress, the Secretary of War, and the Signal Service Department, requesting that a committee of five professional gentlemen be appointed to establish

CLIMATIC OBSERVATIONS

at the general health resorts and watering places, and to collect data in regard to the sanitary value of the localities in regard to pulmonary diseases.

THE LIST OF DELEGATES

registered was then read, and on motion, those names against which no protest had been received were confirmed.

The Association then adjourned.

In the evening the Association was entertained by the citizens and medical profession of Cleveland at a brilliant reception and banquet at the Euclid Avenue Opera House.

SECTION MEETINGS.

SECTION ON PRACTICAL MEDICINE, MATERIA MEDICA, AND PHYSIOLOGY.

The Section met at the Opera House, at 2.30 P.M., DR. J. H. HOLLISTER, of Illinois, *Chairman*, presiding.

DR. ROBERT D. MURRAY, of U. S. Marine-Hospital Service, read a paper on

YELLOW FEVER,

in which, from his experience gained in the treatment of cases during the epidemics of 1873, '75, '76, '78, and 1882, he protested against theoretical therapeusis. After the patient is once attacked, all attempts to arrest the fever will only be time lost. Free catharsis should be produced; mustard pediluvia used, free diaphoresis promoted by drinking lemonade, and nausea allayed by iced-porter. During convalescence, water or Catawba wine should be given. Whiskey he did not consider so good. He urged the importance of the recumbent position, and the avoidance of all muscular exertion.

DR. HENRY F. CAMPBELL, of Georgia, regarded yellow fever as an asthenic fever, and compared it to the type of our own malarial fevers, though he would by no means identify it with malarial fever, which comes from the malaria of our swamps, since yellow fever he believed to be caused by blood-poisoning. Bleeding he believed to be, in some cases, beneficial; but he thought it was often used injudiciously. He considered it important that the colon and stomach of the patient should be invariably emptied. For the constipation, he recommended the administration of oil. As yellow fever is a congestive disease, and as quinine lessens the tendency to congestion, he was in the habit of administering grs. xv–xx quinine by enema, with starch, but he did not recommend the large doses advised by some German authorities. Champagne, soda water, and Apollinaris proved acceptable. His results by this method of treatment were fairly good, but he had lost about half his patients.

DR. WM. MORROW BEACH, of Ohio, then read a paper on

MILK SICKNESS,

which he believed to be a disease *sui generis*. In his own county one-fourth of the pioneers died of it. The disease is limited to certain localities, as for instance, Ohio, Indiana, Illinois, and Michigan, and has probably never been seen in New England, and its existence as a specific disease has generally been disregarded. In the lower animals it is called the "trembles;" it attacks alike wild and domesticated animals. Drinking milk, or eating the products of milk from infected animals often gives the disease. The "trembles" is seldom met with in wet seasons. In prairies it is never seen. Animals may safely roam through infected districts, if they are corraled until the morning dew is dispelled. He accepted the theory that the disease is due to a microscopic fungus.

DR. ALONZO PALMER, of Michigan, considered the paper just read to be the best that had yet appeared on the subject, and suggested the desirability of the appointment of a committee for the minute investigation of the disease.

SECTION OF OBSTETRICS AND DISEASES OF WOMEN

met at Frohsinn Hall, at 2.30 P.M., J. K. BARTLETT, M.D., of Wisconsin, *Chairman*, presiding.

On motion, J. A. JELKS, M.D., of Hot Springs, Arkansas, was chosen Secretary, in place of Dr. G. A. Moses, of Missouri, not present.

In the absence of DR. W. H. BYFORD, of Illinois, who was detained at home by professional duties, the Secretary read for him his paper entitled

CHRONIC INTRA-PELVIC INFLAMMATION.

The terms parametritis and perimetritis are erroneously supposed by many to include the whole subject of intra-pelvic inflammation. These terms are misleading, because, as now often used, they present to the mind the idea that all cases of inflammation not confined to the uterus must belong to one or another of them. Actual observation teaches the important fact that peri- and parametritis usually exist together, and are usually complicated with inflammation of the uterus, and not infrequently the ovaries and Fallopian tubes are involved. The obvious conditions of chronic parametritis are: 1. Suppuration and chronic pelvic abscess, located more frequently, but not always, in the broad ligament, and the consequence of cellulitis. The chronic pelvic abscess is generally the sequel of acute inflammation, and attains chronicity from imperfect evacuation of pus after acute inflammation has terminated in suppuration. The remedy in such cases is found in surgery, and consists in making a more direct outlet through the vagina, large enough to at once completely evacuate the pus, and enable the surgeon to cleanse and disinfect the cavity. He cited several cases in illustration of his remarks, and in closing he said that the main object that he had in writing this paper was to caution his associates against the danger of converting a chronic pelvic inflammation into a disastrous acute form. He gave the following summary of suggestions and inferences deducible from them.

1. The sometimes terrible effects of examinations or operations in the pelvis, do not often, if ever, take place when there is not a perceptible predisposing inflammation. 2. The inflammation may be so slight as to be easily overlooked. 3. It may be an original condition, the sequence of an acute attack long gone by, or it may be the product of some immediately previous examination or operation, the effects of which have not subsided. 4. To avoid the dangers of acute inflammation, we should, in making a first examination for pelvic disease, conduct it in such a way as not to give the patient much pain; and when she complains of much suffering, we should at once desist, even at the sacrifice of completeness of diagnosis. 5. Complaints of much tenderness to the touch, or from the use of instruments, is sufficiently diagnostic of inflammation upon which to base treatment for that condition. 6. If, with such tenderness, a thorough examination or an operation is imperative, it should be done under profound anæsthesia. There is no question in the author's mind that much less danger of ill-effects is incurred in making examinations or performing operations on susceptible subjects under the free use of anæsthetics. 7. Examinations or operations should not be repeated until the effects of the first have entirely subsided. 8. As chronic parametritis is a frequent complication of most of the morbid conditions of the uterus, it should be always suspected, and its diagnosis be carefully considered in all cases of metritis. 9. When chronic parametritis is present, it should be the chief, if not the exclusive object of treatment until removed. 10. It is not safe to use the sound, sponge-tent, or intra-uterine stem when there is perimetric inflammations. 11. It is especially dangerous to replace a displaced uterus when it is bound down by inflammatory adhesions, by any means which will overcome its fixedness by force. 12. The use of pessaries or supports of any kind which find their lodgement in the pelvis, is generally followed by disastrous consequences where there is even slight perimetric inflammation. 13. All local treatment of the uterus must be conducted with the greatest care where this complication is present.

DR. HENRY G. LANDIS, of Columbus, Ohio, read a paper on

POST-PARTUM POLYPOID TUMORS.

He said the physician is sometimes blamed for not completely delivering the placenta, when the real condition is due to other substances than placental tissue.

1. Blood polyps may form after delivery, consisting only of coagulated blood.

2. Blood polyps *may* be associated with retained fragments of placenta or membrane.

3. The same condition may occur with strips of decidua, prematurely detached.

4. The decidual membrane may undergo hypertrophy in places, giving rise to a sessile tumor of some magnitude and causing secondary hemorrhage, septicæmia, etc.

To the few cases on record the writer added the details of two cases observed by himself.

DR. JOHN MORRIS, of Maryland; Dr. Watkins, of Kentucky; and Dr. H. O. Marcy, of Massachusetts, cited similar cases.

DR. H. O. MARCY, of Mass., then read a paper on

THE RESTORATION OF THE PERINÆUM BY A NEW METHOD,

in which he claimed that the perineal body was an anatomical entity, and was the keystone in the arch of perineal support. Its physiological importance in parturition had been recently well demonstrated by Dr. Hart, of Edinburgh, and a thorough understanding of this would do much to lessen the frequent occurrence of perineal laceration. He presented a new method for repairing the perineum by the use of lateral support. This is accomplished by the use of wire of German silver, which possesses elasticity sufficient to make lateral tension, and the ends are so bent as to each form with the other, support; thus a kind of "safety-pin" holds the refreshened parts in position.

DR. R. S. SUTTON, of Pa., then read a paper entitled

ENTEROTOMY AS A COMPLICATION IN OVARIOTOMY OR OÖPHORECTOMY.

He cited two cases of removal of several inches of the small intestine, one by Prof. Billroth, and one by himself, both of which recovered. In his own case he successfully removed four inches of the small intestine a few months ago. This was stated to be the first successful operation of this kind ever performed in this country.

THE SECTION ON SURGERY AND ANATOMY

convened at Case Hall, at 2.30 P.M., the CHAIRMAN, W. F. PECK, M.D., of Iowa, presiding.

DR. REUBEN A. VANCE, of Ohio, read a paper on

THE RADICAL CURE OF HERNIA BY A NEW METHOD.

He said that the study of nature's method of curing an oblique inguinal hernia shows that there are two important processes at work. One a band of adventitious tissue about the neck of the sac, constantly tending to contract and close the abdominal opening at the inner ring; the other, the return to place of the two layers of the transversalis fascia, the separation of which originally permitted the viscera to protrude, and reunion of which forms a valve strong enough to prevent the recurrence of the hernial protrusion. Trusses favor a

cure of the lesion. He then considered briefly the anatomy of oblique inguinal hernia, and the pathological processes in operation in such cases. He then described at length the method which he said had been very successful in his hands. He had operated on thirty-two cases by Dowell's method, and in nineteen cases the result, as far as the patient was concerned, was all that could be desired.

DR. FITCH, of Maine, asked the proportion of recoveries in his cases.

DR. VANCE replied that he could not tell how soon, if at all, the hernia might return in the nineteen cases, but he hoped to publish the details of all his cases at some future time.

DR. DUDLEY P. ALLEN, of Ohio, read a paper entitled

A COMPARISON OF ANTISEPTIC AND NON-ANTISEPTIC METHODS OF TREATMENT.

He said that it was beyond doubt, that in this country antiseptic methods are in less favor than a few years ago. This change seemed to depend to a certain extent upon favorable statistics produced by Mr. Keith and Mr. Tait in ovariotomy since they have given up the use of antiseptics. Mr. Keith, however, believes in the principles of antiseptics, but does not use the spray in operating upon the abdomen, because he fears poisoning. Everything coming in contact with wounds is cleansed thoroughly. The inference from Mr. Keith's practice would seem to be that in abdominal operations he considers the danger of infection from the atmosphere less than the danger of poisoning by carbolic spray. Dr. Allen described Mr. Lister's careful use of antiseptics; and the methods of Prof. Volkmann, of Halle, Saxony, and of Prof. Billroth. The antiseptic method may be grouped under one of three heads: 1st. The methods that prevent the entrance of germs to wounds as represented by Mr. Lister; 2d. The method of Volkmann, which washes them from a wound while it is exposed, and then so protects the wound by dressing as to prevent germs reaching it; 3d. The method of Billroth, which disregards the entrance of germs into wounds during the operation, and through the discharge during the process of healing, but destroys these evil influences by the presence of a powder that renders the wound continuously antiseptic.

In conclusion it would seem: 1. That the fact that operations on the abdominal cavity succeed without the spray does not influence the employment of antiseptics with regard to other operations where there is a continued opportunity for infection. 2. It would appear that the spray is the least important of all the details in antiseptic surgery, and that if the other details are attended to the proper dressing of wounds, pressure, and drainage, may, by securing absolute quiet for a wound, turn dangers into benefits. 3. That different methods are of different applicability, and that whereas the spray might be most desirable in opening joints, and in the atmosphere of hospitals, with bad hygienic surroundings, flooding might be equally efficient in certain other wounds, and that some prominent antiseptic, as iodoform, would be most serviceable when other antiseptics are inapplicable, as in the removal of the tongue. 4. That although there are certain dangers in the use of antiseptics, these are more than equalled by the dangers attendant upon their omission, especially in large hospitals, and that dangers of poisoning are certainly decreasing as the application of antiseptics is becoming better understood; and, further, that investigation may develop a method of securing antiseptic results less onerous and devoid of the disadvantages that now surround them. He summed up his paper by expressing the belief that the various antiseptic methods secured far better results than any other method.

DR. HENRY A. MARTIN, of Massachusetts, spoke strongly in opposition to antiseptic surgery in general, and Listerism in particular. He said Listerism was not cleanliness as has been claimed, but the killing of certain supposed germs. He had opened the knee-joint by aspiration in a large number of cases of synovial effusion of the knee without the use of the antiseptic method, and in no instance had there been the first indication of an approach of trouble.

DR. NANCREDE, of Philadelphia, spoke as strongly on the other side and predicted that the future surgery will be some modification, not of Listerian dressings, perhaps, but of the principles of Listerism, which we all use and say we do not. (Applause.)

DR. QUIMBY, of New Jersey, asserted most positively that the use of antiseptics strong enough to destroy germs in the atmosphere is likely to produce poisoning of the patient.

DR. MCCLURG, of Pennsylvania, said he was not particular to cleanse thoroughly his sutures, sponges, and instruments, and had never found any trouble from their use.

DR. GARCELON, of Maine, spoke against Listerism, and testified to a successful country practice without the use of antiseptics.

DR. MURDOCK, of Pennsylvania, favored antiseptic treatment, believing it to be the only proper treatment of wounds in general hospitals.

DR. WATSON, of New Jersey, earnestly advocated the principles and practice of Listerism. In cases of failure, the failure had not been the fault of the system or dressing, but had occurred through inattention to some of the details.

The next paper was by PROF. S. D. GROSS, of Philadelphia. The Chairman in introducing Dr. Gross said his paper had been written for the American Surgical Association and was to be its property, and it was only with this understanding that Prof. Gross had consented to read it here. Some of the delegates manifested a desire to discuss the paper, but the paper not being the property of the Association, debate was held not in order.

DR. HENRY A. MARTIN, of Massachusetts, next presented a paper of great length on the subject of

THE TREATMENT OF SYNOVIAL DISEASES BY A NEW METHOD,

illustrating the use of Martin's rubber bandage, and reciting many cases of its successful application in cases of synovial disease.

DR. GARCELON, of Maine, inquired if Dr. Martin recommended immobility of the joint or limb in the use of his bandage.

DR. MARTIN replied, "Oh no, sir, never; I invariably instruct the patient to use the limb, and demand that he shall walk a mile a day, and as much more as he pleases."

DR. E. M. MOORE, of New York, endorsed all that Dr. Martin had said in favor of the bandage, but said he had not found it successful in cases attended by pulpy degeneration of joints, these cases all occurring in childhood or early life.

DR. MARTIN said that in cases of periosteal disease the bandage was harmful.

The Section then adjourned.

SECTION ON OPHTHALMOLOGY, OTOLOGY, AND LARYNGOLOGY

met at the Board of Education rooms, at 2.30 P. M. On account of the absence, from sickness, of the Chairman, A. W. CALHOUN, M.D., of Ga., J. J. CHISOLM, M.D., of Maryland, was appointed Chairman.

DR. LAWRENCE TURNBULL, of Pa., read a paper on *Paralysis of the Facial Nerve in Connection with Diseases of the Ear.*

DR. W. C. JARVIS, of New York, followed with a paper on *Tonsillotomy by Ecrasement*, and DR. CARL SEILER, of Pa., with one on the *Action of Nitrate of Silver on the Mucous Membrane of the Throat*, and DR. C. WILLIAMS, of St. Paul, with one on *Myringitis*, which was read by title on account of the absence of the author, and referred to the Committee of Publication.

SECTION ON DISEASES OF CHILDREN

met in Council Chamber, City Hall. In the absence of the CHAIRMAN, DR. R. F. BLOUNT, of Indiana, DR. C. W. EARLE, of Chicago, was called to the chair.

DR. C. W. EARLE read a paper on

CEPHALHÆMATOMA IN NEWBORN.

This he defined as a soft, elastic, fluctuating tumor, generally painless, and situated upon one of the cranial bones. He stated that it occurred with greater frequency than the literature of the subject would lead one to suppose. He had seen four cases in twelve years' practice, and contrary to the experience of other observers, all four were situated on the left parietal bone, whereas it is stated by some writers that in the majority of cases the tumors are on the right parietal bone, inasmuch as this bone is exposed to pressure by the rigid os uteri in the greatest number of deliveries. In the cases in the writer's practice, the tumor has not made its appearance immediately after birth, some three or four days usually elapsing before the writer's attention had been called to the difficulty. It has in a few cases been noticed upon both parietal bones, but not in the writer's practice. Prof. Byford, of Chicago, has observed at least one such case, and Jacobi and others mention cases of double cephalhæmatoma. When the tumor is first noticed it is a soft and painless enlargement. In the course of a few days a firm bony ridge is usually noticed surrounding the base of the tumor. The seat of effusion is between the bone and the periosteum, and the enlargement is caused by rupture of a bloodvessel; the bony ring is simply material thrown out from the periosteum to repair the injury. The author had noticed a little hard projection springing forward from the ridge, showing that the deposit of osseous material does not take place evenly in all directions; as the process of repair goes on the tumor loses its soft fluctuating feel, and in the course of a few weeks nothing can be detected except a slight want of symmetry in the two parietal bones. The most important question connected with the subject, the speaker said, was its diagnosis, and it appeared to him that there were four diseases with which it was likely to be confounded, namely: caput succedaneum, congenital encephalocele or hernia cerebri, erectile tumors, and cranial tabes. To show the distinction between these four diseases and the one under discussion the speaker said, the caput succedaneum is an œdematous condition, and it does not fluctuate, being only a disease of the scalp, cellular tissues, and bloodvessels; congenital encephalocele never occurs, with a possible exception, on the cranial bones; a vascular tumor has sometimes the same boggy feeling noticed in caput succedaneum, but it has no bony ridge; cranial tabes is the soft places found upon the cranial bones in rickety children. After fully considering the etiology, the author next considered the treatment, which in these cases really amounts to judicious letting alone, nature in the great majority of cases, cures the difficulty without aid from our art. A desire on the part of parents, however, exists to interfere, and the physician will be importuned to poultice, blister, open, and otherwise interfere with the processes nature is following to perfect a cure; some mild anodyne may be added. When tension is very great, or the tumor larger than usual, or when the child experiences considerable pain, it is better probably to open the tumor, cleanse out the cavity, dress it, so as nearly as possible to preclude suppuration.

DR. WILLIAM LEE, of Baltimore, did not see how cranial tabes could be confounded with cephalhæmatoma, as the former was scarcely ever seen in children. Although little or no interference might be necessary in most cases, still surgical interference becomes necessary in some.

DR. REID, of Cincinnati, had seen several such growths, and preferred leaving them alone.

DR. L. BOOTHBY in a practice of nine years, had seen several cases, and had insisted on leaving the growths alone.

Adjourned.

WEDNESDAY, JUNE 1ST.—SECOND DAY.

GENERAL SESSION.

THE PRESIDENT called the Association to order at 9.30 A. M., and prayer was offered by Rev. Charles S. Pomeroy, D.D.

DR. FOSTER PRATT, of Michigan, called up the

AMENDMENT TO THE CONSTITUTION,

offered by him two years ago, to the effect

"That the law requiring the nominations for officers to be made *from those members present at the annual meeting* shall apply only to the President, the Vice-presidents, Chairmen and Secretaries of Sections, the Assistant Secretary, the Chairman of the Committee of Arrangements, and the Judicial Council."

PROF. S. D. GROSS, of Pennsylvania, read a communication signed by himself, Dr. Austin Flint, Jr., and Dr. Oliver Wendell Holmes, urging upon the Association the importance of petitioning Congress to provide a suitable

FIRE-PROOF BUILDING FOR THE ARMY MEDICAL MUSEUM AND LIBRARY.

DR. H. A. JOHNSON, of Chicago, then presented a series of resolutions petitioning Congress to make an appropriation for such a building and for the completion of the Index Catalogue of the Library, and also for an annual appropriation of $10,000 to enable the librarian to purchase for the library, as they are published, all medical books of this country and the more important of Europe.

THE NOMINATING COMMITTEE

was announced as follows:

Alabama, W. O. Baldwin; *Arkansas*, D. A. Linthicum; *California*, C. H. Steele; *Connecticut*, T. Morton Hills; *Dakota*, J. S. Van Velson; *Delaware*, W. M. Marshall; *District of Columbia*, D. C. Patterson; *Georgia*, Eugene Foster; *Illinois*, C. T. Parks; *Indiana*, H. D. Wood; *Iowa*, W. S. Robertson; *Kentucky*, L. S. McMurtry; *Kansas*, W. L. Schenck; *Louisiana*, J. W. Dupree; *Maine*, A. J. Fuller; *Maryland*, J. J. Chisolm; *Massachusetts*, C. A. Savory; *Michigan*, F. K. Owen; *Missouri*, D. H. Gregory; *Nebraska*, V. H. Coffmann; *New Mexico*, W. R. Tipton; *North Carolina*, E. Grissom; *New Jersey*, B. A. Watson; *New York*, H. D. Didama; *Ohio*, Wm. M. Beach; *Pennsylvania*, S. D. Gross; *Rhode Island*, A. Ballou; *South Carolina*, R. A. Kinloch; *Tennessee*, D. J. Roberts; *Texas*, H. C. Ghent; *Virginia*, Alexander Harris; *W. Virginia*, J. M. Lazzell; *Wisconsin*, S. C. Johnson; *U. S. Army*, J. R. Smith; *U. S. Marine-Hospital Service*, T. W. Miller.

DR. N. S. DAVIS, of Illinois, Chairman of the Board of Trustees of

THE ASSOCIATION JOURNAL,

presented the annual report.

After reading the resolutions adopted last year, instructing the Board of Trustees as to their duties, all of which were published in THE MEDICAL NEWS at the time, Dr. Davis read the conclusions at which the Board have arrived, after holding several meetings.

The Board consisted of Drs. N. S. Davis, of Chicago; E. M. Moore, of New York; J. M. Toner, of Washington; H. F. Campbell, of Georgia; J. H. Packard, of Philadelphia; L. Connor, of Michigan; P. O. Hooper, of Arkansas; A. Garcelon, of Maine; and L. S. McMurtry, of Kentucky.

A sufficient number of reports of the special committee of the Board, was prepared as soon as possible and sent to each member of the Board. A programme for a weekly medical journal containing an average of thirty-two double-column pages of reading matter, was agreed upon. Each number was to contain a department for original articles, embracing all such papers, addresses, reports, etc., as should be referred for publication by the Association, and such other original matter of value as might be contributed for that purpose. A department containing a summary of the progress in the various departments of medical science; an editorial department proper, especially devoted to the discussion of such topics as would be likely to aid in promoting the interests and efficiency of medical organizations, both National and State; a department of correspondence from the more important medical centres, domestic and foreign; and a department of miscellaneous items of intelligence, especially in relation to the doings of all medical and scientific societies in this country, and of such notices of the duties of committees, the presentation of papers, the practical working of associations, the time and place of meetings, as will greatly aid in rendering all the work of these bodies more systematic.

This done, the Board published forty thousand circulars containing the principal features of the plan of the object to be accomplished, together with forty thousand blank pledges of support of such journal if published, and mailed them to members of the profession in all the States and Territories. It required three-fourths of these to supply fourteen States, leaving only the remaining fourth for twenty-seven States. The comparison of returns from States well supplied and those not so well supplied indicates that an increase of twenty-five per cent. would have been realized if all the States had been supplied. As it is, two thousand one hundred and fifty answers have been received; twelve were direct expressions of opposition to the proposed change, thirty-eight were equivocal, while twenty-one hundred were unqualified pledges of support, either by prompt payment of the annual dues or by subscription.

By reference to the list of members, it was shown that 500 members had not answered, while nearly the same number not members have pledged their support. This makes the aggregate number of subscribers 2,500, as actual basis of income; supposing that these members who failed to reply will still continue their membership. This would indicate a revenue of $12,500.

It is deemed best to issue 3,500 copies weekly, in order to have a sufficient number of extra copies for all purposes, including sample copies. This number, on good paper, can be issued for $8,000 a year, leaving $4,500 for editorial work and current expenses of the Association. Advertisements in a journal reaching all parts of the country, as this one would, will probably bring $5,000 more, leaving a balance after paying $6,000 for editorial work. Bids have been received from two reliable printing establishments in Washington, three in Philadelphia, two in New York, and two in Chicago.

At a meeting, held at the Grand Pacific Hotel, Chicago, January 17, 1883, at which Drs. Toner, Packard, McMurtry, Davis, and Connor were present, it was unanimously decided to publish the journal.

The following resolutions were then adopted:

1. The editor is to take direct supervision of the work, and for business purposes should employ a clerk competent to assist in all business matters.

2. For assistance in editorial work he should select an assistant competent to collect and write up the progress being made in all departments of medical science, and should engage reliable correspondents.

3. He should establish correspondence with Secretaries or proper officers of all State medical societies, with view to procuring official and private contributions to its pages.

4. Through his clerks, he should solicit advertisements from all medical educational institutions and hospitals open for clinical instruction, book publishers, pharmaceutists, instrument-makers, and all other legitimate business interests; but all advertisements of proprietary, trade-mark, copyright, or patented medicines should be excluded (this announcement was received with loud applause). Neither should any advertisement be admitted with one or more names of members of the profession as endorsers, having their official titles or positions attached (renewed applause).

The publication was awarded to the firm of A. D. Newell & Co., of Chicago, and Chicago was chosen as the place of publication.

It is thus seen that the Board have complied with all the instructions given them.

At the conclusion of Dr. Davis' explanation of the work of the Trustees, the Association enthusiastically adopted the report, notwithstanding an attempt by Dr. Wyle, of Connecticut, to have the lengthy statement (which occupied nearly half an hour in delivery) printed during the night, distributed to the Association, and the whole matter brought up as the special order for Thursday, at ten o'clock.

DR. L. S. MCMURTRY, the Secretary of the Board of Trustees of the Association Journal, formally announced that the Board had unanimously elected Dr. N. S. Davis, of Chicago, as

THE EDITOR OF THE ASSOCIATION JOURNAL.

DR. DAVIS, in reply to this announcement, said: The announcement of my name to this position brings a duty upon me that has caused me more hesitation and has required of me a longer period of consideration to bring myself to the point of accepting the duties, than any other question of my life. When the question of journalizing the proceedings was first proposed, several years ago, by that Nestor of our profession, Prof. Samuel D. Gross, it struck me as an unsafe proceeding. When the question was again broached, a year or two later, still the bare mention of it, and the thought of the immense duties that such a position would enjoin upon whoever the Association should appoint to the great work, overcame me with the belief that such a project was impracticable. But the almost unanimous response that the project has received has made it seem to me, however, that, in the progress of time and the widening circle of events, the time has come when it is not only possible, but, considering the forces and influences involved in the present status of the profession, it is demanded that somebody shall assume the duty. For the Association must have a voice, through which it may reach, not only its own constituents, but a voice that may be an honor to our profession (applause), and extend from every ramification of our Society to countries on the other side of the ocean; and unless we do thus introduce some means, some journal of the Society, we must find the motions and resolutions which we make

here from time to time laid away, eight months hence, somewhere on the shelves of libraries, with nothing left to indicate that they still have as strong an existence as when they were passed. With the full impression of the importance of the work, then, and keeping in view my life motto, that has been my guide for forty or fifty years of activity: "Whatsoever thy hand findeth to do, do it with all thy might, trusting to a Higher One for the result."

I have consented to assume the charge, but fair, fair as it looks and encouraging as have been the responses to these circulars from all quarters of the country, showing the project great favor, I must ask you, Gentlemen, not to expect to see at the end of thirty days or thirty months a complete journal free from faults. *The British Medical Journal* has been referred to as our model, but I beg you to remember that this journal required years of growth before it attained its present standing, and you must not expect too much of us in the first issues. Our arrangements are such now that we suppose the first number of the journal will reach you on or soon after July first, and if there should be any delay in its appearing, I beg you to remember that no man can prevent certain little occurrences which may cause a delay of a day or two, and I assure you that all I have to do will be done as honestly and as thoroughly as I am able, for if I have a few years longer to work for the profession and humanity, it is for these that I work. If I can see from this project an addition to the development of our National organization, or of its constituences in the State and local societies, and that they have a journal that is in some measure a fitting voice through which they may express their thoughts and record their proceedings, I shall complete my course of life fully satisfied that I have not lived in vain. I hope the Association in any action it may take during the remainder of this session may be cautious about doing many things, especially any thing that shall involve unnecessary expenses until we see how the balance sheets shall turn out at the end of another year.

I would now, in view of the position and duties assigned me by the Board of Trustees, respectfully resign my position on that Board, and I would announce that I have already obtained the conditional assent of Dr. Wm. Lee, of Washington City, to take charge of writing that most important branch, the progress of medical science throughout the world, well knowing that his opportunities in commanding an extensive range of medical literature admirably fit him for the position.

DR. SOLIS COHEN moved that the Board of Trustees be instructed to print in a thin octavo volume,

THE MINUTES

of the American Medical Association, as held. This form would be more acceptable to the profession, and would free the Journal of a great deal of uninteresting matter.

DR. HIBBERT, of Indiana, said it seemed to him unwise to encumber the Board with any more duties.

DR. QUIMBY, of New Jersey, said: I think the motion of Dr. Cohen a good and sensible suggestion, because it will not cost much to print the bulletin he proposes, and it will leave the Journal unemcumbered with a great amount of mere reports of little interest.

It was moved to refer this question to the Board of Trustees.

DR. QUIMBY said the Board of Trustees have nothing to do with the matter, and it is the duty of the Association to decide it.

He was ruled out of order, and the original motion was passed.

DR. BUSH, of Delaware, moved a

VOTE OF THANKS TO DR. DAVIS,

for his kindness and self-denial in accepting the duties imposed upon him.

THE EFFECT OF SIGNING THE CONSTITUTION.

DR. A. PALMER inquired whether those who signed the Constitution and Code of Ethics bound themselves to it by everything in the Constitution, or that may hereafter be placed in it.

THE SECRETARY replied that he was bound by everything now in the Constitution, but that anything hereafter placed therein must be signed before it is binding.

DR. J. H. HOLLISTER, of Illinois, Chairman of the Section on Practical Medicine, then delivered

THE ADDRESS IN MEDICINE

briefly as follows:

"In the development of medical science men have been compelled to grapple with some of the most difficult problems which can arise for investigation. Unlike other pursuits, Medicine has to wend her way with steps slow, uncertain, sometimes in truth, oftimes in error, ever conscious of her weakness, and of the mysteries that surround her on every side.

The matters of life and health have been the subject of investigation by some of the greatest minds that have ever lived, but causes of disease are so complex that the best of minds have been compelled to rely largely for them on suppositions. In the absence of positive knowledge, no man can lay a restraining hand upon the fancies and credulities of man, and medicine has been unfortunately a fruitful field, above all others, for suggestions, but the treasure-house of both has been slowly but surely garnered with the fruitage of truth, and the ages spent so blend together in their enfoldings that each seems but a link in the continuous chain of progress.

During the past year the labors of scientific men have not been without fruit. First we may congratulate ourselves that the year has been so prolific of trustworthy and active labors. Perhaps no year in the world's story has been so marked by original investigation. No mind can now afford to shine with borrowed light. The present army of workers seem rather a galaxy of stars, differing, it is true, in magnitude, but each ready to contribute his share to the light of science, ready ever to repudiate everything that has not been verified, and as ready to criticise and reject where data are insufficient. Such a spirit is yet destined to attain results which could never otherwise be attained. There is also a spirit of union in the labor of all countries. Neither is Germany, France, or England regardless when Italy speaks, nor is any portion of the old world regardless when the new world utters her voice. Literature is also receiving a new impulse. New and efficient contributors are coming to the front. All departments are having fuller and abler expression of their work.

Of course, some curious deformities are among the results, and they are growing more conspicuous. Journals with conspicuous names and bodies of extremely diminutive size are floated, in which manufacturers of proprietary remedies assume to direct the medical profession how medical journals are to be run. But there will be a counter-movement some of these days, and when it does come this unprecedented nuisance will be abated.

The advancement of the day is best shown by the fact that physicians now read more, think better, and practice with better success. At no time were there better investigations being made. Pathological research and physical diagnosis have reached the point that has been heretofore never attained. More than in any year before have the centres of intensest study been

brought within the range of the microscope. In this new field, to which so many eyes are now turned, no man can longer speak as an authority who cannot with equal skill review the work of other men. Men yet differ vastly as to the interpretation of what they see, and new fields for investigation are being opened every day. Increased power has been given to the lens, so that the $\frac{1}{125000}$ of an inch and a fraction more is now within the limit of our vision. It is hard to say where the limits of human vision will fall in microscopy.

Two subjects demand more attention than any others at this time. One is the composition of the blood, and the other is the agency of microbes in blood. The third corpuscle in the blood has been described. It is now, by the way, pretty well established that Dr. Norris, of England, was its discoverer, and that the credit does not belong to Italy. Then some observers claim that a close reticular framework pervades every part of the blood-cell, while others say the reticulum depends upon defects in your lenses. Perfect these and the reticulum disappears; and I must confess I think the latter have the best ground.

Perhaps the most prominent man that confronts us is Robert Koch, formerly a little known practitioner, but now at the head of the Imperial Health Bureau of Berlin. His prominence is based upon his discovery of the bacillus tuberculosis. One very important question is:—Are these bacilli positive or concomitant? After numerous experiments by various observers, the proof remains very strong for accepting the germ theory of disease.

We now come to the question of the germicide treatment. The great question is not whether we can destroy bacteria, but whether the human organism will not first succumb to the agents used.

Dr. Hollister then spoke at some length of a more efficient means of elevating the standard of medical education. His plan is to have boards appointed, to be paid by the Government, who shall examine all applicants for the degree of M.D. Then in a few years let the State Boards of Health require that no one shall practise in the State who has not passed the examination of this board. The only opposition to this plan, he was confident, would be on the part of the few hundred professors in medical institutions, and if the measure were adopted, we should soon have none but the best schools remaining, while the standard of capability would be much elevated.

He also referred approvingly to a law recently passed in Italy, prohibiting the sale of any patented medicine until the ingredients were fully made known.

THE ADDRESS IN OBSTETRICS AND DISEASES OF WOMEN

by J. K. BARTLETT, M.D., of Wisconsin, Chairman of this Section, was then read, on account of impairment of the author's voice, by Dr. N. Senn, of Wisconsin.

The address dealt with the advancements recently made in operative gynecology, and the remarkable results thus obtained. He referred to how mere stitching of a lacerated cervix causes the most troublesome symptoms to immediately disappear. Bad results in Battey's operation have been obtained on account of the difficulty of making an accurate diagnosis in some cases of ovarian disease. He then referred to the recent discovery that many cases of vaginitis and other catarrhal conditions of the generative organs depend upon dropsy of the Fallopian tubes, caused in some cases by an antecedent pelvic peritonitis. Extra-uterine pregnancy, he said, is now robbed of its dangers, by destruction of the fœtus, in the early periods of gestation, by a galvanic current, not sufficient in strength, however, to cause rupture of the sac. The transfusion of blood, milk, and other nutritive fluids, of weak salt solutions, and of plain water were referred to, and good results in many cases reported. The author expressed the belief that the use of the forceps in the second stage of labor is becoming too common, and that many instructors encourage it. Referring to a new invention, by which a belt, passing around the waist of the accoucheur, is made to assist, he said, doubtless, in a few years, we will have an electro-motor engine of one-horse power invented, which will relieve the attendant, the mother, and the child, of any part in the procedure. The use of ergot in small doses during the second stage, he thought justifiable and proper in cases of uterine inertia, but full doses should not be given during labor. Lastly, he considered at length the subject of antisepsis.

THE COMMITTEE ON NECROLOGY,

DR. J. M. TONER, of Washington, Chairman, reported brief sketches of the lives of thirty-six members deceased since the last meeting.

The Nominating Committee then reported the following nominations of members of the

BOARD OF TRUSTEES OF THE JOURNAL,

to fill the positions occupied by those whose term expires this year, and one to fill the vacancy occasioned by the resignation of Dr. N. S. Davis: A. Garcelon, of Maine; J. O. Hooper, of Arkansas; L. S. McMurtry, of Kentucky; and J. H. Hollister, of Illinois.

THIRD DAY—JUNE 7TH.

GENERAL SESSION.

The Association was called to order at 9.30 A.M., and prayer was offered by the REV. DR. RULISON.

THE PRESIDENT announced that he had appointed

DELEGATES TO THE INTERNATIONAL MEDICAL CONGRESS,

to be held at Amsterdam, in 1883.

DR. KELLER, of Arkansas, called up his

AMENDMENT TO THE CONSTITUTION

offered last year, which provided that the designation of the time of the annual meeting shall be left to the Committee on Nominations, and not be limited, as heretofore to the first Tuesday in May or June. Adopted.

DR. BATCHELOR offered a resolution, which was adopted, that the President shall appoint one or more members from each State whose duty it shall be to secure by petition or otherwise the passage in their respective States, of more stringent laws respecting the

SALE OF POISONS.

DR. FOSTER PRATT, of Michigan, offered a resolution which had been adopted in the Section on State Medicine on the preceding day on the

DEATH OF DR. WM. FARR,

of England, wherein the Association recognized him as the founder and first tabulator of vital statistics, and placed on record its high appreciation of his services, and its deep regret at his death.

TRAINED NURSES.

DR. S. D. GROSS, of Philadelphia, offered a resolution, that in recognition of the necessity of trained nurses, and the benefit that has arisen from the establishment of training-schools for nurses in large cities, the Association recommends the establishment of similar schools in every county of each State, instruction to be given gratuitously, or at rates which would not exclude the poor from their benefits.

DR. WALTER HAY, of Illinois, moved that a special

SECTION OF PSYCHOLOGICAL MEDICINE

be organized. Laid over for one year, in accordance with the rules.

The report of the Standing Committee on

ATMOSPHERIC CONDITIONS AND THEIR RELATIONS TO THE PREVALENCE OF DISEASES,

was presented by DR. N. S. DAVIS, *Chairman*. He stated that the work of the Committee was begun as quickly as possible after the last meeting. Observers had been appointed in twelve different parts of the United States, who received instructions to take accurate observations, during the day and night, of every day in the year, as well as to note the presence of any organic matter in the air. He then spoke of the necessity of continuing the observations through several years, and closed with a statement of the finances of the Committee.

The resolution offered by DR. DIDAMA, on the first day, for the taking of

CLIMATIC OBSERVATIONS

at the general health resorts and watering places, was then adopted.

DR. N. S. DAVIS, of Illinois, moved that Dr. Didama be elected the committee to carry out the objects of the above resolution. Adopted.

REVISION OF THE CODE OF ETHICS.

DR. S. POLLAK, of Missouri, offered a resolution on behalf of the St. Louis Medical Society, to the effect that whereas many of the provisions of the present Code of Ethics are obsolete, and that early revision is necessary, and no Society except the American Medical Association has any power to alter the present Code, but only to ask for its revision; therefore, that the American Medical Association be respectfully requested to appoint a committee of one member from each State, for the purpose of taking into consideration the propriety of revision of the Code of Ethics of the American Medical Association, and report thereon at the meeting of 1884. That this committee be authorized to propose a Code of Ethics, which in their opinion will meet the wishes of the profession, and to submit the same at the next annual meeting.

It was immediately moved and seconded by more than a hundred voices that these resolutions be laid upon the table, and the motion was carried almost unanimously, amidst loud applause.

THE READING OF PAPERS IN THE SECTIONS.

Dr. William Brodie, of Michigan, offered a resolution that no paper should be read in any of the Sections before it had received the approval of the Secretary of that Section. Laid on the table.

THE ADDRESS IN SURGERY

was then read by W. F. PECK, M. D., of Davenport, Iowa:

In performing the duties of Chairman of the Surgical Section, it is not deemed practicable to encompass all that the organic law of the Association may contemplate. For, in reporting on the progress made in surgical science, it is recognized that many theories are at present announced as facts which, when experience and demonstration shall have thoroughly tested, may be eliminated, to perhaps appear when the cycle of professional experience again completes its revolution. The greatest progress has been made in operative surgery, although other departments have been constantly endeavoring to add new light and obtain results to our already extensive accumulations. It is not claimed that large numbers of new operations have been originated and performed, but it is evident that the better understanding of pathological conditions has stimulated surgeons to establish a standard for operations hitherto ventured in rare and extreme instances. In Pathology, the microscopist has been active in trying to define and locate the germ cause of disease, since Cohnheim gave to the profession in a complete and formulated manner the character and importance of the colorless corpuscle in pathological changes. Strenuous efforts have been put forth by Pasteur, Koch, and others to unfold the importance of the bacterian germ which, according to the demonstrations of some well-known authorities, have a normal existence in the blood, lymph, and tissues of the body. Burdon Sanderson, Chauveau, Watson Cheyne, Billroth, and many others have adduced much information which certainly cannot do otherwise than benefit, even though a great modification of the bacterian theory is made necessary. Certain it is that during the year there has been developed a strong feeling in favor of Koch's views concerning the bacilli and their alleged tubercular relations. That these micro-germs exist there can be no longer any doubt. But whether they are the cause of the tubercle, or whether the tubercle develops *them*, their study has not made sufficient progress as yet to justify an unequivocal statement. In Prussia there is existing, under the leadership of Koch, a strong belief in favor of the bacilli being the cause of the deposit; while in Austria, Spina leads the opinion that the bacilli are produced *by* the tubercle, *or*, the associated conditions which originate the tubercular matter. If the following statement of Spina be true, then there is much uncertainty surrounding the whole theory of bacilli being the cause of tubercle: "I have examined about one hundred and fifty mesenteric and omental tubercle in the most various stages of their development, according to Koch's and Ehrlich's method, and found bacilli in *not one* case."

The surgeon is much interested in these investigations because of the important statements made by eminent teachers concerning the origin and nature of some forms of articular disease, also the peculiar degeneration which takes place in bone and glandular structures. The interest does not stop with these tissues, for underneath it all the "germ theory," which is thought by many excellent men to be the greatest of all causes in engendering infectious inflammations, pyæmia, septicæmia, abscess, gangrene, etc. etc., receives a support which, if conceded, will tend to give new and more efficient reasons for the use of antiseptic in practice. Now that so many able and relentless workers are seeking information which promises greater accuracy, it may be well to not claim too much for remedies which are given with the expectation that they shall ultimately reach the habitation of the noxious germ and there hold mortal combat, and win the victory, for further life in tissue which is threatened with decay and death. It cannot be admitted that practical surgery has thus far been directly benefited by Koch's views.

The condition of the problem of the management of wounds and other pathological processes by means of the so-called antiseptic methods suggests a move in the direction of greater confidence in the details of operative procedure, and scrutinizing attention in extreme cleanliness in the minutiæ of practice.

It is difficult, in fact impossible, to state with precision the exact deviation in the direction of, for or against, treatment of wounds by the different chemical agents during the past year. With many, the custom is to believe that antiseptic practice in surgery means the application of *carbolic acid*, in some form of attenuation, to the cut or exposed suppurating surface. Different surgeons have used different substances, but,

according to the experience of Dr. A. T. Cabot, of Boston, upon detached dead tissue, it was found that carbolic acid acted more promptly than any other agent in arresting putrefaction and destroying micro-organisms connected with the changes of decomposition.

Within the year the antiseptic methods of wound manipulation have been regarded as embracing the spray, fixed and intimate relations of fresh surfaces, rest, pure air surroundings, and, when practicable, drainage.

It was stated by Thornton that the principal danger which surrounded opening of the abdomen was from the action of the vicious bacteria. And Spencer Wells' unprecedented(!) experience in ovariotomy is referred to by Marcy as furnishing almost incontrovertible evidence in favor of the antiseptic practice.

In this connection the experience of Mr. Lawson Tait, who reports one hundred successful ovariotomies with but three deaths (none of the antiseptic precautions having been regarded), should also be remembered by those who can only see progress and success in treating wounds on an anti-germ plan. Certainly the new experience of Billroth and Esmarch is commendable, and should be gratifying to those eminent operators. But it cannot be successfully argued that the lessened mortality was alone due to the use of antisepticism as practised by Lister. It will be immediately asked, how else can these alleged great changes in practice be explained, if everything that is used to keep a wound clean and to insure thorough drainage is called antiseptic practice? then no adequate explanation can be offered. Is not the experience of Mr. Keith as wonderful as the tabulations of the Vienna and Kiel surgeons?

The experience of the English surgeons on duty with the British troops in Africa, during the Zulu and Transvaal wars, was such that the antiseptic management of wounds was commented upon with but little favor after the records of those campaigns were finally submitted. The rather short campaign in Egypt was characterized by great dissatisfaction in the beginning of the war, but after the surgical management had become thoroughly organized and freed from abuses, observations were made by good men, who had only good reports to make of the antiseptic practice, which was very generally employed. While it is admitted that most of the leading surgeons of England are thoroughly wedded to the practice of antiseptic treatment of wounds, there are to be found not a few excellent teachers and operators who most reverently believe that nature, under wise assistance from the surgeon, will do more to save limb and life than the surgeon can do, who depends upon restricted antisepticism. The speaker has opened the abdomen in all forty-eight times; in forty-six instances for the removal of ovarian growths, once for an adherent ovary, and once for an intestinal obstruction. In the first fifteen cases there were six deaths. The operations were made under the spray, and the wounds were treated with a carbolic-acid solution. In the remaining thirty-one ovarian operations, also in the oöphorectomy and in the case of laparotomy, the spray was not employed. The last two mentioned cases recovered, and out of the ovariotomies there were four deaths. Has it occurred to those who are strong in their advocacy of the antiseptic treatment of wounds, that in the United States there are in active practice among the 52,000,000 of inhabitants about 86,000 medical men, a very large number of whom are treating wounds and pathological lesions? Also that many of the wonderful results accomplished by these numerous surgeons are wrought not by means of the spray and carbolic acid, but by the extraordinary care and attention which are given their cases.

Those who report their results in the periodicals are unfortunately few. Major operations are performed in apparently out-of-the-way places, and their results thus lost.

After referring to several new instruments, and the application of the electric light, the speaker referred to the legitimacy of bloodletting in inflammation.

Among the comparatively new operations, gastrostomy and laparatomy were fully referred to, and the details of several cases in practice were given. Referring to the results of these operations, the speaker asks: If the cancer, the cause of these operations, be due to a general cause, can the surgeon expect the patient to receive more than temporary relief from the operation? Will the aggregate life in successful cases be greater than those who die as the direct result of the disease? Experience has shown that after operative procedure, the aggregate life *is* longer than if the disease were left without treatment. Referring to neoplasms, the speaker stated that the venerable and universally honored Gross gave, in a paper before the late meeting of the American Surgical Association, the opinion that neoplastic additions to all tissues are the sequence of a previous injury. While perhaps this view is not original with the author, it is nevertheless an opinion of great value, coming, as it does, from an experience so ripe and comprehensive.

Professor Pietro Loreta's operations for stenosis of the pylorus, by stretching the stricture with the fingers, has resulted in two recoveries out of four operations, Dr. David Newman, of Glasgow, has performed the operation of nephrorrhaphy, it being the first operation made in England upon a woman for floating kidney; the renal capsule was stitched to the margins of the incision, and deep button-sutures were passed through the kidney substance, thus fixing the organ in its natural position. The patient recovered.

Dr. A. E. Baker's new operation for varicocele consists in separating the veins of the cord from the vas deferens, and then passing a needle threaded with twisted silk behind the veins, after which the veins are permitted to drop back when the needle is returned in front of the veins, which are thus secured in the loop of the ligature, through the original opening. The thread is then made tense, and the veins are brought close to the wall of the scrotum, and the ligature is well tied, cut close to the knot, and then allowed to return with the veins to the scrotal cavity. The results are such as to commend a further trial of the operation.

Important additions have been made to our surgical literature in monographs, revised editions of some of the leading text-books, and in America, the profession may be congratulated upon the appearance of two important volumes—one on anatomy and one on surgery. In the *Medical and Surgical History of the War* the world is now in possession of the most complete record of wounds and injuries resulting from war and battle that has ever been produced. Dr. Harrison Allen, of Philadelphia, has produced the major part of what promises to be when completed an excellent treatise on human anatomy, including its medical and surgical relations.

DR. FOSTER PRATT, *Chairman* of the Section, then delivered the

ADDRESS ON STATE MEDICINE.

He said that psychology, medical jurisprudence, and medical expert testimony have each received, during the past year, the attention to which they are entitled, but that there has been no noteworthy advance in any of these departments. Not more than fifteen years have passed since sanitary work was begun in the United States. Our advance may seem slow; but to-

day, as we remember the advanced work of 1883, as compared with the beginnings of 1873, we must congratulate ourselves that so much has been done.

In reply to the question, What had been accomplished by sanitary science? he stated that sanitary organization and sanitary machinery have been largely developed. Sanitary conventions, societies, books, lectures, and discussions have gradually multiplied, clearly indicating an appreciation of the work, and a desire for more knowledge on the subject. The heating, lighting, and ventilation of our homes and other buildings have been improved; the influences which vitiate the air have been removed, or methods for their neutralization adopted. The causes of disease we find to depend largely upon fixed physical laws, and by the discovery of these we are able to prevent disease. In twenty-nine States sanitary organizations have been adopted, while eleven still refuse to make any provision for a State Board of Health, but ere long every State in the Union will fall into the line of advancement, and then a majority of States will demand a National Board of Health. What then will Congress do?

The isolation of contagious diseases has done much to prevent their spread. Dr. Pratt then referred to the admirable work done by the late Dr. Farr, of England, in originating the work of collecting vital statistics. He then gave a description of advanced methods of work in his own State, and including sanitary meetings at which papers on sanitary questions were read, by physicians, ministers, dentists, and ladies. He said that we owe much of our advancement to ladies. (Applause.) By recent improvements in sanitary science five per cent. has been added to male and eight per cent. to female life. Finally he insisted on the importance of careful isolation of all cases of all contagious diseases.

THE REPORTS OF THE TREASURER AND LIBRARIAN

were then read and accepted.

THE COMMITTEE OF PUBLICATION

reported that an index of all the volumes of Transactions was now in preparation, of which 1,500 copies would be issued, at a cost of $500, and would be sold to members at one dollar per volume. The report was received and adopted.

THE COMMITTEE ON NOMINATIONS

presented the following report, which was adopted:

President.—AUSTIN FLINT, SR., M.D., of New York.

Vice-Presidents.—R. A. KINLOCH, M.D., of Charleston, S. C.;

T. B. LESTER, M.D., of Kansas City, Mo.;

A. L. GIHON, M.D., of U. S. Navy; and

S. C. GORDON, M.D., of Portland, Maine.

Treasurer.—R. J. DUNGLISON, M.D., of Pa.

Librarian.—C. H. A. KLEINSCHMIDT, M.D., of Washington, D. C.

Place and Time of Meeting.—Washington, on the first Tuesday in May, 1884.

Chairman of Committee of Arrangements, A. Y. P. GARNETT, M.D., of Washington.

Assistant Secretary, D. W. PRENTISS, M.D., of Washington.

CHAIRMEN OF SECTIONS.

Practice of Medicine.—J. V. Shoemaker, of Pennsylvania.

Obstetrics.—T. A. Reamy, of Cincinnati.

Surgery.—C. T. Parks, of Illinois.

Ophthalmology.—J. J. Chisolm, of Baltimore.

Diseases of Children.—Wm. Lee, of Indiana.

State Medicine.—J. D. Roberts, of Tennessee.

Oral Surgery.—T. W. Brophy, of Illinois.

OHIO STATE MEDICAL SOCIETY.

Annual Meeting, held at Cleveland, June 5, 1883.

(Specially reported for THE MEDICAL NEWS.)

THE Ohio State Medical Society met at Frohsinn Hall, Cleveland. at 9.30 A.M., June 5, THE PRESIDENT, DR. LANDON, in the chair.

The address of welcome was delivered by Dr. A. C. Miller, of Cleveland.

The Committee of Arrangements, by its Chairman, Dr. R. A. Vance, of Cleveland, presented the following report, which was adopted:

The Committee of Arrangements recommend—

1. That a Committee be appointed to act in the absence of the Society. Thus members can pay up their dues, and applicants for membership file their papers, and all become members of the American Medical Association.

2. That the Society adjourn for one year, the old officers to hold over.

3. That we then adjourn.

On motion of DR. R. A. VANCE, it was voted that the President be permitted to publish his Annual Address.

On motion of DR. E. H. HYATT, it was voted that the Society meet at Columbus one year from date.

THE PRESIDENT appointed Drs. G. A. Collamore, W. B. Scranton, and E. H. Hyatt members of a committee to represent the Society.

On motion of DR. J. F. BALDWIN, the vote to hold the next meeting one year from date was reconsidered, and the committee just named was empowered to fix the date of next meeting.

On motion of DR. J. F. BALDWIN, amended by DR. J. W. RUSSELL, it was voted that no assessments be made for the next year, and that applicants for membership apply at once to the Committee on Admissions.

THE PRESIDENT appointed Dr. A. N. Reed *vice* Dr. W. H. Mussey, deceased, and Dr. J. O. Dawson, *vice* J. B. Thompson, absent, as members of the *Committee on Admissions.*

Adjourned.

AMERICAN SURGICAL ASSOCIATION.

Fourth Annual Session, held in Cincinnati, May 31, and June 1 and 2, 1883.

(Specially reported for THE MEDICAL NEWS.)

FIRST DAY, MAY 31ST.—MORNING SESSION.

THE PRESIDENT, SAMUEL D. GROSS, M.D., LL.D., D.C.L., called the Association to order at ten o'clock, and opened the proceedings with the following

ADDRESS:

Allow me, as your presiding officer, to congratulate you upon your safe arrival, and to extend to you a cordial welcome to the "Queen City," the centre of medical education in the "Buckeye State," the residence of eminent medical teachers and practitioners, and the repository of the ashes of great medical men, who, during their laborious lives, added lustre to the profession, and left behind them undying names.

We have come hither, not as pleasure-seekers, but as members of a great body of men bent upon earnest work in the interests of our great and noble calling. It is a source of rejoicing to me, as I am sure it is to you, that since our last meeting our ranks have not been invaded by the "Fell Destroyer." On that occasion it was my melancholy duty to announce to you the demise of four of our Fellows, all men of distinction, and of great usefulness. The meeting upon which we are about to enter cannot fail, if we may judge from our programme, to be one of unusual in-

terest, and that our deliberations will be conducted with the celerity and harmony of feeling which have hitherto characterized it, I am safe in predicting. Allow me, in concluding this brief salutatory, to direct your attention to a proposed alteration of the constitution, to increase the number of Fellows from one hundred to one hundred and fifty. The change is an important one, and merits our serious consideration. I also respectfully suggest that the acting Council be increased from four to seven, so as to impart greater efficiency to its work. Finally, it appears to me wise to take action upon any proposed amendments of the constitution and by-laws on the last day of every session, instead of letting them lie over for one year, as now provided for.

DR. P. S. CONNER, *Chairman of the Local Committee*, next addressed a few words of welcome. He said:

Mr. President and Gentlemen of the Association: It is with pleasure that we welcome you to Cincinnati. We are exceedingly grateful, not only to have you come to our city, but to have so many of you with us. The Committee trusts that you may find things arranged with satisfaction, so far as the times of meeting, the order of the proceedings, and other appointments are concerned, and we desire that you may notify us of anything that is not satisfactory. We have only to hope that you may, in going from us, carry away with you as pleasing remembrances of the meeting, as we shall ever have of seeing you here.

GENERAL BUSINESS.

The SECRETARY, DR. J. R. WEIST, then read the minutes of the last meeting, which were adopted.

It was ordered that an additional member be added to the acting Council, and the President appointed Prof. E. M. Moore, of Rochester, New York.

THE TREASURER'S REPORT

was read by Dr. John H. Packard. It showed a deposit to the credit of the Association of $2,270.31.

The Council was instructed to take action on the applications for membership, there being now eleven vacancies.

The Secretary then read a communication from Dr. Willard Parker, of New York, accepting his election to membership in the Association

DR. C. B. NANCREDE, of Philadelphia, then read the first paper. His subject was

HAVE WE ANY THERAPEUTIC MEANS, AS PROVEN BY EXPERIMENT, WHICH DIRECTLY AFFECT THE LOCAL PROCESSES OF INFLAMMATION?

He said that, owing to the press of circumstances, he would limit his paper to the consideration of the early stages of inflammation. Careful study of the essential processes of various morbid conditions has often led to the theoretical employment of therapeutic measures, which by their apparent usefulness have encouraged their future employment. But if, in addition, we find that our *a priori* therapeutics, when experimentally applied in the case of animals, actually produce the precise effects we have theoretically aimed at, we can hardly go astray in confidently applying similar treatment to the human subject.

This paper is avowedly written in advocacy of bloodletting in general, but chiefly of the local abstraction of blood, for the pendulum of unreasoning prejudice and authority is now swinging slowly back to the opposite point.

He then reviewed briefly the minute processes of the earlier stages of inflammation.

Whether or not a primary contraction of the arteries occurs depends largely upon the irritant used. Certain it is that, at an early period, the arteries, normally one-sixth the size of the veins, far exceed them in size. The circulation is accelerated in the dilated vessels: the rate soon becomes normal, then slows, then an oscillatory motion occurs, a temporary stagnation, again a resumption of the flow, and finally permanent stasis. The obstruction consists entirely of red cells, closely packed. Free diapedesis of the white corpuscles then occurs from the excess of oxygen. That the primary acceleration of the blood-stream is in some way dependent on reflex nerve action seems clear.

A physiological point or two must be here considered. Ranvier shows us that the white blood-corpuscles become sluggish in the absence of oxygen, and *vice versa*. The red cells carry the oxygen. In stagnation of these, then, we must have an increased amœboid movement of the white cells and consequent migration. The author concluded, therefore, that a theoretically perfect remedy for incipient inflammation must comprehend the following effects:

It must lessen the vis-a-tergo; it must prevent such an ingress of blood into the affected part as will increase the quantity of oxygen; or it must so lessen the difficulty of escape on the venous side that a ready drainage of venous blood may occur. If possible, both results must occur, *i. e.*, increased frequency, with decreased force of the heart's action.

In his experiments of the frog's tongue, the first effect of localized bloodletting from a large vein on the distal side of a wound was an oscillation of blood-disks, then an occasional momentary flow, then suddenly a rapid resumption of the circulation.

All that was now needed was a corroboration of the results of Gensmer, who observed that the capillaries, after free bloodletting in an inflamed part, rapidly returned to their normal condition. He considers the antiphlogistic effect of local bloodletting due to a purely mechanical cause.

The effect of general bleeding, is to increase the water relatively, and decrease the red corpuscles of the blood; an increased rapidity with decreased force of the heart's action; this by relieving intravascular pressure, stasis, etc., prevents diapedesis of cells and exudation of blood-plasma.

But how about the evil effects of bloodletting? It is well known to the older practitioners that these are only temporary and easily repaired. For best results we should open a vein leading from the inflamed focus.

The author then summarized his views as follows:

1. During the stage of dilated arteries with increased rapidity of current, little danger of capillary changes need be apprehended. Here ergot, and perhaps arterial sedatives are useful.

2. After stasis, weakening of heart's action can do nothing.

3. The object desired is a removal of obstruction, diminution of force, increase of rapidity.

4. Arterial sedatives in the later stages are usually inadmissible, except as succedanea of bloodletting.

The discussion on this paper was spirited, and disclosed much difference of opinion. It was opened by DR. H. F. CAMPBELL, of Augusta, Georgia, who said that the "lost art," as bloodletting was characterized by our worthy President a few years ago, has for a number of years grown more and more into disfavor, until now it is almost a disgrace to us to bleed under any circumstances; and even local bloodletting has been laid aside. I do not bleed as much as I used to do, but as a professor of surgery in a university, I teach my students the use of the lancet, as carefully as I teach them the use of the knife, in cutting for stone or in any of the more brilliant operations.

We do not know all the conditions of inflammation. They are better described than defined. The conditions of heat, pain, redness, and swelling were recog-

nized long ago, but now we recognize them as the symptoms of true inflammatory action due to the presence of too much blood in the part. What benefit is there in incision, cupping, leeches, and the application of cold, but to drive the blood out of the part? We put on a bandage and elevate the limb, in order to drain away the blood. All our practices are based on the one idea of too much blood in the part.

PROF. MOORE, of Rochester, N. Y., said that one great hindrance in the way of our using the lancet properly is the great difficulty in many cases of making a proper diagnosis.

He then related an epidemic of pneumonia which had, a good many years ago, occurred in his neighborhood. In it every patient was bled, and every patient without exception died, until in a consultation he proposed a change. He said, "let me stimulate instead of bleed." It was done, and at once the result was changed. He also related another epidemic of cerebro-spinal meningitis, in the early part of which the patients were all bled and all died. But a change was made, and quinine and stimulants employed, and the patients recovered. When this result was related to him, he expressed surprise and an incredulity as to the diagnosis. He was soon after called upon to make a post-mortem examination, when he found the spinal cord and brain bathed in pus. He at once profited by the experience, and was rewarded by seeing his patients recover.

PROF. POST, of New York, remarked that there are certain conditions with regard to inflammation in its very early stages that it is well for us to consider. One of the chief of these is the influence of position in hindering the access of arterial blood and in favoring the return of venous blood from the part. Practitioners are well acquainted with the importance of this. We cannot attach too much importance to gravity in the treatment of inflammation. Another important improvement in the early treatment is that of making equalized pressure on the part by bandaging, thus keeping the veins empty. He agreed with the author of the paper that bloodletting in the early stages of inflammation is of the greatest importance, provided there is no asthenic condition forbidding it.

He then related the history of a case in the Presbyterian Hospital, New York, whose head was injured. The patient was in a delirious state, so violent that he had to be bound. He was bled; the delirium vanished for three days, when the same remedy again gave relief. He then spoke of the action of bloodletting upon the puerperal condition, stating that it quieted the delirium, and that during the sleep which ensued, the disease was broken.

DR. KINLOCH, of Charleston, S. C., agreed with the statement that bloodletting is a great remedy for inflammation, but he admitted that it had often proved unsatisfactory in his hands. While local bloodletting abstracts blood from the part, it is doubtful whether it lessens the inflammation.

PROF. GUNN, of Chicago, asked attention to the fact that there is great difference between traumatic inflammation and inflammation due to other causes. There are undoubtedly cases of traumatic inflammation and of inflammation of the brain—a condition known as apoplexy, which has been greatly benefited by bloodletting.

PROF. BRIGGS, of Nashville, Tenn., agreed that there are conditions which call for bloodletting—cases of young, robust individuals with good habits. Bloodletting in such cases is a remedy yielding results which no other remedy will yield; but if it is not performed at the proper time, or in the proper manner, it is useless.

PROF. GREGORY, of St. Louis, stated his belief in bloodletting as one of the most rational means of treating inflammation. No one can dispute that we have in an inflamed part a local blood-pressure. Certainly, the most rational treatment of this is to take blood directly from this part. So far as we know of inflammation experimentally, it has but one object—that of repair—and as a rule, inflammations are advantageous, but we must endeavor to regulate them.

PROF. W. W. DAWSON, of Cincinnati, asked: If this is such a very great remedy, why have we abandoned it? Does the gentleman who so earnestly advocated its use bleed a patient once a year? I venture to say he does not.

DR. NANCREDE, in closing the discussion, called attention to a few points upon which his meaning had, to some extent, been mistaken; and he remarked also that we are too much afraid of the loss of the red blood-cells, and forget that their loss is so quickly replaced.

DR. B. A. WATSON, of Jersey City, N. J., then read a paper on

LISTER'S SYSTEM OF ASEPTIC WOUND-TREATMENT VERSUS ITS MODIFICATIONS.

Lister's treatment of wounds aims to secure the following conditions:

1. The continued exclusion from wounds of all living germs, or the prompt destruction of the same where they have gained admission, thus preserving in the wound a perfectly aseptic condition until it has healed.

2. Complete and uninterrupted approximation of the wound surfaces.

3. The avoidance of all irritation or any disturbance of the relation of the wounded parts.

Now does the Lister system fulfil these indications? He thought it must be admitted that it is possible to render *completely aseptic* nearly all wounds, and to preserve them in this condition during the reparative process by the means employed in the Lister treatment. Lister's is not an empirical method, but a complete system of practice based on scientific principles and facts, in which respect it differs to-day from all its so-called "modifications."

The value of this system of wound-treatment is shown by the fact that the old methods are no longer employed, except when modified or improved by engrafting upon them certain parts of the Lister treatment. In some instances, these modified forms of treatment aim to differ but little from the original, and are, as a rule, with the exception, perhaps, of the poultice dressing of Mr. Savory, based upon the principle of interference with the growth and fermentive action of bacteria.

The Listerian system is opposed entirely by those who have never practised it. Their chief argument against the practice appears to be based on the fact that in some instances organisms have been found under the so-called Lister dressing. The finding of these organisms has been often questioned, but never absolutely disproved. It may now, however, be boldly asserted that if they are found under these circumstances, they have certainly lost their power to produce septic infection. It is true, Mr. Keith and a few others have expressed a want of faith in the efficacy of the spray, while others prefer irrigation. The efficacy of the latter procedure cannot be questioned by those who admit the germicidal property of the carbolic acid solution of sufficient strength. But does not the spray deposit a continuous layer of the solution, rendering it impossible for germs to reach the wound without passing through the wet line, which is fatal to them? Is it not in fact irrigation?

We now come to the modifications: Dr. T. M. Markoe, while he shows himself satisfied with the results of the Lister treatment, prefers a modification

of it. His plan, he tells us, consists "In the free and constant use of appropriate solutions of carbolic acid in water, no care being taken to keep the wound shut off from the influence of the atmosphere." He evidently aims his present efforts against the application of the germ theory to the treatment of wounds. But is not Dr. Markoe's theory of the action of carbolic acid exploded? The acid does exert a restraining influence on inflammation, but it neither prevents nor arrests it. I have examined, from these standpoints, not only Markoe's modification, but the most of those which have been proposed, and am now fully prepared to assent to the statement of Dr. J. Lucas Championniere, that "Perchance, in exceptionally favorable conditions, one may omit some parts of the dressing . . . but the *ensemble* of the method must remain," and "I assert more emphatically than ever that we can do no better than to remain faithful to the words of the master."

DR. JNO. H. PACKARD, of Philadelphia, stated that if he had correctly understood the essayist to state that the majority of surgeons in the United States are adherents to the Lister system, he must speak for the surgeons of Philadelphia, for, so far as he knew, none of them ever practised it. He believed they dragged on a miserable existence without it, but got along very well.

DR. POST made a similar statement in regard to the surgeons of New York.

DR. VANDERVEER stated that none of the surgeons of Albany or vicinity employed the system. He believed that thorough drainage was the important part of treatment.

DR. NANCREDE stated that he had returned to Listerism.

DR. CAMPBELL believed that carbolic acid retarded the process of inflammation through its action in retarding reflex nervous irritability rather than by its antiseptic powers.

DR. RICHARDSON, of New Orleans, stated that there is not a surgeon in his State who uses the Lister method.

DR. MCGRAW, of Detroit, related the case of a child that he had lost from the use of a two per cent. solution of carbolic acid.

DR. MASTIN, of Mobile, stated that the surgeons of Alabama never use the Lister method.

DR. PRINCE, of Illinois, said we could not be too thankful to Mr. Lister for calling attention to the importance of avoiding the contact of wounds with those agents which we know float in the air. The Lister system in detail, he considered too complicated. "If Listerism means the details of the process of dressing wounds, it is short-lived; if it means the principles involved, then it is immortal."

PROF. DAWSON, of Cincinnati, said that the great benefit we have derived from Mr. Lister's system is in its teaching us to enforce cleanliness. He doubted if we have gotten much of value from the practice of his methods; but he believed a great deal is due to Dr. Markoe in calling our attention to the importance of through and thorough drainage.

DR. WATSON remarked, in closing the discussion, that the gentlemen of the Association had shown the same willingness to misconstrue his statements that they had shown to the principles of the Listerian system. He had not stated that surgeons of the United States generally advocate the methods of Lister, but that the present surgical practice has been greatly modified by his principles.

AFTERNOON SESSION.

The first business of the afternoon session was the report of the Council on admissions. Eleven names were reported to fill vacancies. On motion, the balloting was deferred until to-morrow morning.

DR. JOHN H. PACKARD, of Philadelphia, then reported a case of

REAMPUTATION AT THE HIP-JOINT FOR OSTEO-MYELITIS.

On the sixth day hemorrhage took place, which was not controlled by pressure over the external iliac artery at the pelvic brim. The common iliac artery was therefore tied, and the patient recovered, the ligature separating on the twentieth day.

In connection with this case, a very similar one was mentioned, which occurred to Dr. Packard at the Beverly U. S. A. Hospital, in the winter of 1864-65.

Dr. Packard presented a "detached artery-needle," to be grasped with forceps; and made remarks upon the subject of ligation of arteries, and especially upon that of the common iliac. He also submitted a table embracing all the hitherto reported cases of ligation of this vessel not included in the tables already published.

DR. FIFIELD, of Boston, Mass., in opening the discussion, remarked that he did not doubt the very great skill and courage of Dr. Packard, displayed in this operation, but that if he understood the operation of Mr. Furneaux Jordan, he did not see the necessity for tying the common femoral or the abdominal trunk. He thought that all this might have been dispensed with in the one operation of Furneaux Jordan. He also stated that the old teachers of France taught their students to put the ligature around arteries by the sense of touch, with the eyes turned toward heaven.

DR. POST asked how we are to distinguish between the artery and vein by touch.

DR. CONNER, of Cincinnati, stated that he believed there are cases in which a modification of the operation of Furneaux Jordan does well, and he related a case which he had operated upon two years ago. In that case he had amputated at the junction of the middle and upper third of the thigh with the aid of Esmarch's bandage, and finding the condition of the medulla such as not to justify his leaving the bone, he made the lateral incision, having hemorrhage controlled by pressure, turned out the bone, tied the artery, and the patient recovered.

DR. PACKARD stated that his reason for ligating the femoral was that the idea of hemorrhage had occurred to him and he thought that was the safest means of avoiding it. The secondary hemorrhage did not come, as had been suggested, from the ligation of the femoral, but from a vessel deep down in the posterior flap, which he could not reach without endangering the femoral. He therefore, in the haste of the moment, ligated the primitive iliac, and had this ligature given way, he would have nevertheless done all that was in his power for his patient.

DR. RICHARDSON, of New Orleans, then read his paper on

ESMARCH'S BANDAGE APPLIED TO TRAUMATIC ANEURISM.

The paper was confined almost exclusively to the narration of a case, the important points of which were as follows: The patient received a shot-wound in the leg in October, 1876, followed by no serious hemorrhage. Eighteen months after, a tumor was observed. One year later, Esmarch's bandage was applied from the foot up to and beyond the tumor without, however, involving the tumor. This treatment failed, and the artery was ligated in July, 1879. Nearly eighteen months after ligation (Dec. 1881), thrombosis occurred and was followed by gangrene, necessitating amputation. Death occurred on the fourteenth day.

Dissection revealed an expansion of the artery to

form the tumor. It was also discovered that ligation had failed to produce coagulation. There was no communication between the sac and the artery below. The arteries higher up had undergone no change. The femoral vein was smaller than usual and its walls were very much thickened. It was closely connected with the tumor, indeed, absolutely continuous with it, communicating with it by a well-defined orifice. It was occupied throughout by a firm clot.

The specimens exhibited by Dr. Richardson were referred to a special committee, consisting of Drs. Nancrede, Kinloch, and Dawson, and the discussion was postponed until the morning of the second day's session.

DR. RICHARDSON then read a second paper on

THE USE OF THE TREPHINE IN TRAUMATIC EMPYEMA ASSOCIATED WITH THORACIC FISTULA.

Chronic suppurative pleuritis with an imperfect fistulous outlet, external or bronchial, is not an uncommon result of gunshot or other penetrating wounds of the thorax. The resources of surgery have hitherto not offered much encouragement to the sufferers. The main difficulties encountered are—1st, Imperfect drainage, due chiefly to the approximation of the ribs, caused by the "sinking in" of the chest-walls. 2d, Permanent separation of the lung from the chest-wall by the contraction of false membrane upon its surface. The best method of effecting drainage is, then, what we seek. The effort to make an opening through one or more intercostal spaces, has been shown to be impracticable. The idea of trepanning or trephining the thorax is not new. It is said to have been proposed by Hippocrates, and in later times modified by others in idiopathic empyema.

The benefits derived from resection are threefold. 1. Unobstructed drainage. 2. Free scope for application of antiseptic remedies. 3. Shrinkage of the chest.

In cases where the pus is confined to the lower and lateral regions, the best method is the application of the trephine at or below the fistula. This method, as well as he could ascertain, originated in New Orleans, where it has since been frequently employed.

The author then narrated several cases in which the trephine was employed with good results.

DR. PRUITT, of St. Louis, related a case which had come under his care a few years ago. A woman with an opening in the thorax from an old empyema came to him complaining of fever and cough; her general health impaired. It was evident that drainage was not sufficient. He enlarged the opening. She improved at once. In a few months, she came back with the same symptoms as before. Pressure on the drainage-tube had, as Dr. Richardson has pointed out, narrowed its calibre. He again enlarged the opening; but some time after, a sudden change occurred, which he was at a loss to explain. During the dressing of the wound, while the cavity was being washed out with a weak solution of carbolic acid, she suddenly complained of pain, became comatose and pulseless. From that time on, all manipulation of the wound occasioned so great pain and difficulty of respiration that treatment had to be abandoned. Ulceration had doubtless occurred, and in all probability pus had entered the mediastinum.

DR. MEARS, of Philadelphia, called attention to his method of introducing a large tube into the cavity, where there was sufficient space between the ribs, by means of a large hernial needle. The needle, its eye armed with the drainage-tube was passed through an opening in an intercostal space, then carried down and out at a similar opening two spaces below. He had used the method in the case of a child eight years old and in a man of thirty-two.

DR. CAMPBELL thought that the trephine would be a difficult instrument to use in these cases, and expressed the belief that Hey's saw would be preferable.

DR. RICHARDSON explained that the trephine cut through very quickly on account of the softness of the rib, and that in its use the difficulty of holding the rib in position, that is always encountered in the application of the saw, is avoided.

The Association then adjourned to the amphitheatre of the Ohio Medical College to witness the demonstration, on the dead subject, of the operation reported by Dr. Packard.

SECOND DAY, JUNE 1ST.—MORNING SESSION.

The Association went into private executive session for the purpose of holding an

ELECTION OF FELLOWS.

The result was the election of Dr. N. P. Dandridge, of Cincinnati, O.; Dr. Christopher Fenger, of Chicago, Ill.; Dr. W. E. Taylor, of California; Dr. W. F. Peck, of Davenport, Iowa; and Dr. McCamm, of Pittsburg, Pa.

DR. S. D. GROSS then read a paper on

THE VALUE OF EARLY AND LATE OPERATIONS IN SURGERY.

(See page 643.)

PROF. POST, of New York, expressed much pleasure at the excellence of this paper, and remarked that there was one point in it which above all others merited the consideration of the Association, and that was the importance of removing early a large class of growths, such, for example, as warts, which are in themselves harmless, but are nevertheless exceedingly liable to undergo various degenerations, or even become malignant.

DR. GREGORY, of St. Louis, agreed with most of its conclusions. With regard to the propriety of an early operation in cases of malignant growths there could be no question. He then entered briefly into the pathology of the sarcoma and carcinoma. He said that, as we look through the microscope at the awkwardly shaped cells of a sarcoma, or at those large cells of a cancer, enclosed in their rough matrix, we could hardly conceive of their ever being carried away from their situation, and lodged in distant parts of the body. But there is a time in the history of these cells when they are smaller and round in shape, and theoretically we would be led to believe that this is the time at which migration would occur, and not later. We know, too, that the more nearly the tumor remains in this embryonic condition as to its structure, the more malignant it is. He wished, however, to differ from the preceptor in regard to some other growths, as in cystic disease of the ovary, in which he preferred a late operation, deferring it, indeed, until the condition of the patient absolutely demanded it.

DR. BASIL NORRIS, U. S. A., in a paper on

DISLOCATIONS OF THE ASTRAGALUS,

said there is reason to believe that partial dislocation of the astragalus sometimes escapes notice. There is hardly a surgeon, he thought, who will not recall a doubtful case of badly sprained ankle, on reading over the cases of partial dislocation of the astragalus to be found among the selected cases herein reported.

An old-fashioned method of reducing a partial dislocation of the astragalus, was related to the writer by a German from the Fatherland. When a boy, he severely injured his ankle while running across a fallow field. The joint was extremely painful, as he well remembered, and was treated as a sprain. It grew worse, and was much swollen, when by good-fortune, a neighbor—and as usual, an old woman—advised him to place a brick-bat upon the foot, then to swing it

back and forth two or three times and sling the brick as far as possible. By this means the foot was jerked forward, and he was suddenly relieved.

The paper contained also the narration of a case of complete dislocation, as it happened to the speaker personally.

DR. BONTECOU, of Troy, N. Y., related a case which happened to him about thirty-five years ago, in which every possible effort on the part of force and manipulation, failed to reduce a dislocated astragalus, and he was compelled, finally, to give up the case, and allow the foot to remain in the condition in which he found it. He meets him daily, and it reminds him, as he expressed it, of his inefficiency at that time. If he encountered such a case now, he would lay all the tissues open on the outer side, restore the dislocated bone to its place, and replace the soft parts.

DR. GREGORY, of St. Louis, reported the case of a female, injured by an accident to a carriage. The astragalus was dislocated forwards and downwards. The only remarkable feature of the case, he said, was the ease with which the bone was replaced.

DR. MOORE said he was convinced that there was a little looseness in the views of surgeons in regard to this matter. It has been taught that we should exsect where there is dislocation of this bone, because it would certainly have to be done sooner or later. He thought that there were cases in which this must be done, but in many cases it is not necessary. He had seen a case a few years ago, in which the reduction was exceedingly difficult, but where it finally succeeded. He had also seen two cases in which, in addition to the dislocation, the astragalus had been split in two. In one case, one part of the bone was driven backward, so as to appear under the tendo Achillis. In the case of a woman who came under his observation, he had employed force in every direction, in his determination to restore the bone, but without success, when suddenly, under the slightest manipulation, the bone slipped into its place. But it almost instantly popped out, and continued to do so. But suppuration did not occur, and recovery was fair, with a little lameness. He met another similar case and he did nothing with it.

PROF. DAWSON, of Cincinnati, thought it would be a long time before Dr. Gregory would encounter another case in which the reduction would be "easy," as in the one he had related. He then related a case that had occurred to him in his early days of practice, where reduction could not be effected and he was not allowed to operate. The man, however, became able to walk with comparative comfort.

DR. GUNN, of Chicago, stated that it had not been his fortune to meet with a complete dislocation of the astragalus. He related a case, however, in which he resorted at once (seeing the case as a secondary one) to excision. It was a complete dislocation outward of the head of the bone. There was no necrosis. There was sufficient vascular activity in the part to prevent its occurrence. The case is of interest also with reference to the importance of primary or secondary incision. Here was a head that had retained its vitality for three months. He thought that had primary incision been made, restoration might have been accomplished. It was, however, only after a good deal of pressure had been exerted for several weeks that the shape of the foot was restored; but it became a good foot for locomotion after all.

A number of years ago, during a visit of the speaker to the country, he was shown a portion of an astragalus which had been removed from the foot so recently that evidences of blood still remained upon it. Upon examination and inquiry it proved to be the body of an astragalus which had been fractured at the neck by a fall, the individual striking on the foot, and so torn from its attachments that the surgeon simply removed it with his fingers. He then placed the bone in its proper position and the patient made a good recovery.

DR. MOORE remarked, the really interesting part of this question is how we are to treat those cases that can be reduced—whether they are to be removed at once or subsequently? Good authority, as has been said here, says to remove them at once; but good authority also says wait. I believe President Gross says immediate removal. I believe it is better to remove them early than to wait. If we remove them early, the question is whether it would not be well to extend the operation sufficiently far to enable us to see the relation of the parts and to replace them, then treating the case as one of compound fracture.

DR. NORRIS, in closing the discussion, remarked that the last case which he had reported tended to show that simple manipulation is of more importance than either force or extension. The case was a compound dislocation, which had resisted all efforts, but when, after placing the foot on a pillow, a little manipulation with the fingers was applied, an unexpected restoration of the bone occurred.

DR. P. S. CONNER, of Cincinnati, then read a paper on

EXCISIONS OF THE TARSUS.

Admirably adapted as is the foot to sustain weight, diffuse force, and secure ease and quickness of movement, it is peculiarly liable to disease and the extension of inflammation; subjected as it is to violent jars and severe twists, every opportunity is afforded for blood-extravasations in its bones and traumatic synovitis in its joints. In those subject to strumous affections, slight injuries are liable to be followed by simple inflammation or the deposit of tubercle. Specific periostitis or gumma, may produce the same effect here as elsewhere; and caries and necrosis may follow injuries to the part. Little wonder is it then that tarsal disease is of frequent occurrence, or that it at times affects a large portion of this section of the foot. What shall be done for its relief? Rest, compression, stimulant or sedative applications, always proper at first are likely to fail, and the disease goes on to the destruction of the part. Surgical treatment is then limited to—1. Opening the abscess and the removal of carious or necrosed tissue; 2. Amputation; 3. The methodical excision of the affected bones. Of these methods, amputation is generally preferred, because less likely, it is claimed, to be followed by septic infection.

There have been reported, however, a number of cases from the results of which the speaker feels called upon to reconsider the alleged dangers and disadvantages of attempts to remove only the diseased portions. He therefore tabulates one hundred and six excisions of two or more bones, several of which came under his own care. Nos. 1 and 2 of the table, are cases in which he removed the entire tarsus, all the bones being carious. The operations were followed by little constitutional disturbance, and left the patients several months after with useful limbs. The good result of these cases the speaker believed to be due to more than surgical good-fortune. Three questions must be answered in regard to the practicability of the operation: 1. Is it safe or at least attended by no greater mortality than amputation? 2. Is it likely to put an end to the disease? 3. Will the patient recover with a serviceable limb? The mortality from excision as revealed by the table compares so favorably with that of amputations in this region, that the author is led to the conclusion that, as respects the preservation of life, excision of the whole tarsus or of one of its great divisions is not much, if any, more dangerous than an ankle-joint amputation. That the disease is

very unlikely to reappear is shown by the fact, that in only two cases did such recurrence take place; but on the contrary, in a very large proportion of cases, the result was so good that the gait was fair, the support of the body firm, and locomotion easy. Motion at the ankle is generally good, and shortening of the limb but slight. No rule for operating can be laid down. Usually the lateral incision, while it renders the excision more difficult, is followed by better ultimate results than the dorsal incision. In conclusion, the speaker said: "I cannot but feel that enough has already been done by English, Continental, and American surgeons to show that the generally received opinion, that extensive tarsal disease necessitates amputation is an incorrect one; or, at least, one that requires and should have reconsideration."

THE PRESIDENT remarked that the paper just read was so comprehensive and so concise that there could scarcely be any discussion upon it. The silence of the members apparently indicated their coincidence with his opinion.

The next paper was read by DR. S. MARKS, of Milwaukee, Wisconsin, and was entitled

TREPHINING OF THE STERNUM FOR THE REMOVAL OF A FOREIGN BODY, WITH THE REPORT OF A CASE.

The paper began with the narration of a case: A soldier, Captain B., was wounded in one of the battles of the Wilderness, May 10, 1864, while in the act of rising from a recumbent posture. He was struck at a point a little above the centre of the breast-bone. The force of the ball knocked him down, but he soon arose, and walked to the rear, where he was examined by the field-surgeon, and was told that he had been struck by a spent ball, and but little injured. He, however, suffered intense pain; the action of the heart was disturbed, and the difficulty of breathing was so great as to compel him always to maintain the erect posture. He was removed to the hospital of Fredericksburg, Va., where the diagnosis was confirmed. On the fourth day, a discharge of pus gave him relief. He went to a hospital in Washington, D.C., and here many surgeons confirmed the original diagnosis, He improved so as to be able to leave the hospital.

In October, 1870, he consulted the author of the paper. Upon examination of his wound, a small spot of denuded bone was detected, and, finally, the probe passed entirely through the sternum. An improvised probe, tipped with a small portion of the stem of a clay pipe, was introduced and rotated against an obstruction supposed to be a bullet, and when removed it gave unmistakable evidence of lead.

October 15th, assisted by Drs. O. P. Wolcott, E. W. Bartlett, and Wm. Thorndike, the trephine was applied over the location of the bullet, and, after enlarging the opening with the same instrument, the bullet was extracted. The latter was wrapped in a strong cyst. The opening revealed the pulsation in the pericardium beneath. From that time on, the recovery of the patient was steady. A slight accident which caused a considerable flow of blood from the wound, during the process of its healing, rather accelerated the recovery than otherwise.

The author considers the operation of trephining the sternum for the removal of foreign bodies a new one. It is spoken of by various authors as a method of removing diseased bone, or for the evacuation of matter contained in the mediastinum, but not for the removal of foreign bodies.

DR. POST inquired whether the author of the paper considered the rapid recovery which followed the accident to be due to the loss of blood which occurred at the time.

DR. MARKS replied that he, at that time, attributed it to this occurence.

AFTERNOON SESSION.

DR. E. M. MOORE, of Rochester, N. Y., presented a paper on

SOME QUESTIONS WITH REFERENCE TO INTRA-CAPSULAR FRACTURE OF THE FEMUR.

The questions and the views which the author had formed upon them as a result of long experience may be summarized thus:

1. Is not the cause of fracture of the neck of the thigh-bone, whether intra- or extra-capsular, almost uniformly that of a blow upon the trochanter?

The writer insists upon this statement, in contradiction to the views of Sir Astley Cooper, and also that the cases of fracture either by muscular exertion alone, or by falls upon the knee, or a misstep with direct force transmitted through the bones of the limb, are too rare to be the grounds for any diagnosis.

2. Is not the preservation of the periosteum of the neck called, in connection with the reflected capsule, the cervical ligament, although only partial, the common rule, and not the exception?

This statement was confirmed by the exhibition of three specimens of recent fractures—one of three days, one of five days, and one of eight days after the injury. These were all the writer had ever seen, and were all of the same condition.

3. Does not this condition, if preserved, supply abundant nutrition to the upper fragment sufficient for entire repair?

This question is asked in reply to the opinion that the nutrition in intra-capsular fracture must depend upon the small circulation of the ligamentous tissues. If the cervical ligament remains in even a small part, there cannot be any deficiency of nutriment.

4. Is not the outer layer of what is called the periosteum of the neck, a rudimentary organ?

This opinion is defended on account of the uniform rise of the capsule from the edge of the articulations. The general law is interfered with by the length of the neck of the bone. Nature has laid down firmly on the periosteum, but retains the primary thought.

5. In reputed cases of absorption of the neck after blows upon the trochanter, said to be without fracture, is it a reasonable, much less a perfect induction, to infer a similar result, when the changes of condition are similar only in one point, and dissimilar in every other, from those cases of inflammation without a blow.

This was proved by the exhibition of cases of recent fracture.

6. Should not the induction read thus: The head of the femur and the acetabulum, not being altered, the shortening of the neck could not be from the inflammation resulting from the blow?

7. Finally, does not the practice of modern surgery produce a vastly improved result, in cases reported, as compared with the methods of the last generation?

DR. N. SENN, of Milwaukee, then read his paper on

FRACTURE OF THE NECK OF THE FEMUR, WITH SPECIAL REFERENCE TO BONY UNION AFTER INTRA-CAPSULAR FRACTURE.

This paper was founded largely upon the original investigations and experiments of its author. The experiments were made upon small animals; as a rule, chiefly upon cats. The necks of the femurs of these were broken by means of various devices, sometimes by mere force, at others by drilling, the aim always being to get within the attachment of the capsular ligament. The fractures were then treated, and allowed to remain a varying length of time, when the

animal was killed and examined. The fractures were made with a view to each of the various forms of the accident met with in the human subject. The speaker claims that, contrary to the statements of so many, we do have bony union in intra-capsular fracture; and in support of this view he not only appealed to a large number of specimens from cats, but presented also a femur from the human subject, in which he claimed to have obtained firm bony union. The remarkable feature of the case he presented was that the individual from whom it was taken had been a very old person, in whom, according to the view of many, such union is an impossibility. The specimen, the author stated, was presented at the close of last year's session by a Fellow of the Association in his absence, and as he had been informed that some doubt was expressed in the discussion as to the fact of its being true bony union, he had since that time taken the precaution. after having the specimen photographed, to boil it, This process gave no evidence whatever of any ligamentous tissue, and the author now considered the fact of its being true bony union established.

The treatment recommended was to render the adjacent joint immobile by the plaster-of-Paris dressing. The point most insisted upon was the importance of carrying the dressing well up over the pelvis, and down almost to the knee. He also considered antiseptic precautions in putting on the dressing of importance. If necessary, a light splint might be included in the dressing.

THE PRESIDENT, before calling for the discussion of the subject, expressed his gratitude to the author for the excellent paper, and his gratification at the thorough manner in which the author had pursued his investigations.

DR. BONTECOU said that he had understood Dr. Moore to state that all the cases of fracture of the neck of the femur that had come under his observation had been produced by a fall upon the trochanter. He, on the other hand, had made a post-mortem examination in two cases in which the fracture had been produced by simply twisting the limb while the foot was resting on the floor.

DR. POST called attention to the importance of not carrying our examinations too far in cases of suspected fracture of the neck, simply for the sake of making a positive diagnosis; and he related a case which had come under his observation, in one of the New York hospitals, where such anxiety for a positive diagnosis had resulted in the loosening-up of an impaction, and consequent non-union.

DR. GUNN called the attention of the Association to a case which occurred a number of years ago in the surgical section of the American Medical Association, which many would remember. A Dr. Royer requested that a committee be appointed to measure his limb to estimate the result of a fracture of the neck of the femur five or six years before. The measurement showed shortening of from two to two and a half inches. The speaker had personal knowledge of the patient at the time of injury, and remembered that the shortening was then very slight, not more than half an inch. The case, he thought, spoke very strongly for interstitial absorption.

DR. VANDERVEER narrated the experience of himself and a friend, Dr. Beach, who had procured a specimen in which they were positive that they recognized bony union of an intra-capsular fracture occurring in a young subject. They not having time to superintend the preparation of the specimen, it was boiled longer than they desired, and they found before them a characteristic specimen of ligamentous union.

DR. FIFIELD recognized in the splint presented by Dr. Senn an old friend, long forgotten. He had known it as "Marchand's spear," and had seen this gentleman use it in the Hôpital Saint Louis, Paris. He was of the opinion that fractures of the neck could be treated just as well without such extensive appliances. Position and rest are, in fact, all that is required. Mechanical appliances are passing out of date. Dr. Allis, of Philadelphia, he said, has shown us that we need nothing more than pasteboard in the treatment of fracture.

In regard to the interstitial absorption about the seat of fracture, the speaker remembered a specimen he had seen in Paris in which, two weeks after the fracture of the neck, not a vestige of the head of the bone could be seen.

DR. NANCREDE called attention to the impossibility of knowing whether a case was one of intra or extra-capsular fracture after the capsule had been removed, because, he stated, of the variability seen in the attachment of the capsule.

THE PRESIDENT, upon examining the specimen of "bony union" presented by Dr. Senn, remarked that there could not have been a fracture of that bone, or else it had been treated by a surgeon of skill that is now unknown, for the union was so close as to preclude, in his opinion, the possibility of a preëxisting fracture. He recognized in it only the evidences of senile change.

DR. SENN, in closing the discussion on his paper, defended some of the points which had been assailed, and entered more fully into the discussion of parts which had not been understood.

DR. MOORE, in closing the discussion of his paper, remarked that we must accept ligamentous union as the rule in intra-capsular fractures, but that when we refuse to admit exceptions to it, we go too far. In one of the specimens which he presented, there could be no disputing the presence of bony union; it was almost ivory.

In regard to Dr. Senn's paper, he could not see anything in the specimen presented by Dr. Senn as an impaction upon which he could found that diagnosis, inasmuch as there were no spiculæ of bone running up into the cancellous tissue, as is the rule in cases of impacted fracture. He also criticised the statement of Dr. Senn that he drew the leg down in treating it. This is liable to do injury.

DR. SENN called attention to the disadvantages under which he labored of not having read more than a sixth of his paper, and having to hurry over that, so that he had no opportunity to fortify many of his statements, and stated that in the case of fracture with bony union which he had reported, he had had ante-mortem evidences of fracture: pain, shortening, and eversion of the foot.

THE PRESIDENT remarked that shortening and eversion of the foot are two of the most fallacious symptoms we could have, and that he was forced to reiterate his conclusion that he could see nothing in the case but senile change.

In the evening a handsome

BANQUET

was given the Association by the Committee of Arrangements.

THIRD DAY, JUNE 2D.—MORNING SESSION.

TRAUMATIC ANEURISM.

The first feature of the morning meeting was the report of the committee to whom the paper and specimens of Dr. Richardson had been assigned. The report mainly confirmed the conclusions of the author of the paper.

DR. WATSON asked the attention of the Association to the method of treatment in this case. The opera-

tion had been performed and the wound dressed antiseptically. It was then not disturbed for eleven days, at the expiration of which time it was found in excellent condition. This was, he said, essentially Listerian treatment. He compared with this the result of Dr. Packard's case of reamputation, because of septic infection, and closed with the remark that the treatment must be made strictly Listerian, and we will have no suppuration at all.

DR. CAMPBELL called attention to some of the peculiarities of the case. Here had been in all probability a diffused aneurism with a very firm sac. On performing the Hunterian ligation, pulsation ceased immediately. The tumor became soft at once, and did not become gradually so. It remained as a soft tumor. Then again, what does not generally occur after ligation for the cure of aneurism, we find symptoms of gangrene. Then, instead of getting well, we find that the sac contains fluid blood; there are no layers of fibrin deposited. Above and below the sac we have the artery converted into a cord.

DR. S. W. GROSS, of Philadelphia, then reported

A CASE OF NEPHRECTOMY FOR MEDULLARY CARCINOMA, AND PARTIAL CHOLEO-CYSTECTOMY FOR CALCULUS IN THE SAME SUBJECT.

(See page 646.)

DR. J. EWING MEARS, of Philadelphia, then read a paper on

CLOSURE OF THE JAWS AND ITS TREATMENT,

with the report of a case in which complete occlusion followed a gunshot wound of the left superior maxilla, received at two and one-fourth years of age, and which was relieved eighteen years subsequently, by operation according to a new method. Closure of the jaws, he said, exists under two forms—the spasmodic or temporary, and the chronic or permanent. The former occurs usually in connection with some condition which produces irritation in the motor filaments of the third division of the fifth nerve. Among the causes we find delayed and difficult eruption of the third molar teeth of the lower jaw, tumors, abscesses, or necrosis in connection with posterior teeth, suppurative tonsillitis, and finally operations upon the lower jaw.

The treatment of these conditions consists in the removal of the causes. If necessary, remove the offending tooth or an adjoining one. After operations in this region, antispasmodic remedies should be employed, and hot water applied.

In permanent closure of the jaws, we have quite different conditions to deal with. The contraction is, in this instance, not due to perverted function, but to the formation of adventitious tissues. Although not an uncommon condition, the treatment has not until recently claimed the attention its importance deserves.

He then reviewed the opinions of all the various authors on the subject, considering also the treatment they advise, from which he summarizes the following methods of operation:

1. Excision, more or less complete, of the cicatricial bands or the osseous formation, and the subsequent employment for a long time of wedges and levers to retain the separation of the jaws.

2. Division of the cicatricial tissues and the adoption of metal shields, not only to prevent recontraction, but to reëstablish the sulcus of mucous membrane at the base of the alveolus.

3. Dieffenbach's method of simple division of the ramus of the jaw, and the formation of a false joint behind the point of contraction.

4. The formation of a false joint, originally suggested by Carnochan, with Esmarch's suggestion that it be formed in front of the contraction, and that a segment of bone be removed for this purpose by external incision.

5. The formation of a false joint *in front* of the contraction by simple division of the bone made by forceps applied within the mouth.

In closures due to anchylosis of the temporo-maxillary articulation, the methods practised are:

1. Division of the ramus of the jaw from within the mouth, either by saw, forceps, or chisel, and the formation of a false joint.

2. Exsection of the condyle with a portion of the neck, the incision being external.

The objections in cases of cicatricial contraction against the methods of operation above enumerated were stated as follows:

1. The reformation of the cicatrix and the great pain to which the patient is subjected in the use of wedges, levers, and screws; the difficulty of securing flaps of mucous membrane and skin from adjacent parts, and their successful transplantation; the almost universal failures.

2. Division and use of shields. The pain and inconvenience experienced by the patient in the use of shields, and the difficulty of obtaining the full cooperation of the patient in carrying out the necessary manipulations within the mouth.

3. The difficulty of obtaining sufficient space for free motion after the operation of Dieffenbach without division of overlying masseter muscle.

4. The loss of one-half the jaw for purposes of mastication, where excision is made in front of the contraction by Esmarch's modification of Carnochan's method. It is inapplicable where both sides are affected.

5. The difficulty of obtaining a false joint by simple division of the bone according to Rizzoli's modification of Carnochan's method.

He then related a case in which he had operated, according to this method, in the following way:

By division of the ramus of the jaw about its middle, exsection of the condyle, and division of the insertion of the temporal muscle, thus releasing the coronoid process, and effecting its removal with the condyle; division of the masseter muscle at its point of origin; non-interference with the cicatricial band. The operation was performed in this manner with the hope of securing sufficient space for free movement, and with the intention of utilizing the cicatricial band as a quasi-ligament. He believes this plan of operating novel, in that it includes the removal of both condyloid and coronoid processes with the upper half of the ramus, as well as division of the masseter, external pterygoid, and temporal muscles.

The advantages claimed for it over other methods are:

Its application to all forms of permanent closure; the utilization of the entire body of the jaw in opening the mouth, and the formation of a more perfect artificial joint.

DR. MCGUIRE, of Richmond, Va., reported the case of a child on whom he had operated for anchylosis of the pterygo-maxillary articulation. He took out a large wedge-shaped piece just at the joint with a view of making a false joint. The result was for a time gratifying; the child could open its mouth an inch and a half. Several months later, however, the child began to suffer pain in the opposite jaw, and the combined efforts of the father, the mother, and himself failed to keep those joints movable. He also reported a case in which he had cut away cicatricial bands with good results.

DR. POST remarked that he had made a special study of the subject of cicatricial contraction, and could speak with authority. He had gotten good results from

gradual but persistent dilatation of all these bands, and he claimed that this treatment must be kept up until there is no longer any tendency to contraction.

DR. BRIGGS related several cases in which he had made operations of different sorts for the relief of this condition with greater or less success. In one of them, however, after all other procedures had failed, he was compelled to excise the anterior part of the lower jaw, thus leaving an opening for the passage of blood.

DR. MEARS, in closing the discussion, said he believed the very interesting case reported by Dr. McGuire a strong argument for his operation. He was glad to hear of Dr. Briggs' operation, but he feared that operation would be of necessity followed by a great deal of deformity, and believed that it should be resorted to only after everything else had failed.

In reply to a question by Dr. Dawson, he stated that he preferred to remove both processes of the jaw, because the coronoid process, when left, interfered with the free movement of the jaw.

DR. VANDERVEER of Albany, N. Y., now read his paper on

REMOVAL OF MECKEL'S GANGLION FOR THE RELIEF OF TRIFACIAL NEURALGIA.

The author of the paper did not claim for it any especial originality, but wished to report several cases in which he had performed, with good results, the operation indicated in the title of his paper.

The first case was a man fifty-eight years old, who had suffered over ten years from severe neuralgic pain in right side of face, along the alveolar process of the upper jaw, and along the tongue. He had been operated upon several times by having the attachment of cheek to alveolar process divided. The patient will not submit to the removal of Meckel's ganglion, and the pain still continues.

Miss B., æt. 40, had suffered three or four years, from pains in right side of face. Had had all her teeth removed; had taken morphine, chloral, and the bromides, without relief. Quinine, carbonate of iron, and Brown-Séquard's neuralgic pills also failed. Finally the ganglion was removed, and complete recovery ensued.

The next was a somewhat similar case, in which the disease was caused, in all probability, by the irritation of an artificial eye, and in which the removal of Meckel's ganglion gave relief. But the relief did not prove permanent until a portion of the inferior dental nerve was exsected, and finally the diseased eye was removed.

The last patient was one in whom the neuralgia developed from a blow upon the side of the face. After being treated by a number of physicians, with many more remedies, he finally removed the ganglion, and recovery was instantaneous and complete.

DR. CAMPBELL said that he did not understand what part the removal of this ganglion played in the cure of the case. He thought rather that the removal of a portion of the inferior dental nerve was a much more important factor in the case, for a ganglion having so few sensitive filaments can surely have little to do with this disease.

DR. CONNER remarked that several years ago he had had occasion to review all the statistics of operations for the relief of this form of neuralgia. On theoretical grounds, his own belief was that the removal of Meckel's ganglion was of no real value. There is nothing in its anatomical structure or relations that would indicate the propriety of such a procedure. The operation, it is true, gives temporary relief, but it is only because it is one of great severity, and any other operation producing a similar and profound impression on the nervous system would do equally as well. You get far better results from the removal of the supra and infra-orbital nerves. In one case in which the speaker had done this there was no return of the pain up to the time of the patient's death, two years after. Any operation will give relief, but in every case a return occurs. There are cases in which no operation can possibly effect a cure, where the disease depends upon a central lesion.

DR. DAWSON reported a case in which he operated seven or eight years ago, upon a man thirty years of age, going through the antrim and dividing the nerve just as it emerged from the ganglion. There has, as yet, been no return of the pain. He reported another case, however, in which he had made a large number of operations, exsecting portions of the supra- and infra-orbital, and the inferior dental nerves, and removing cicatrices. Each operation gave temporary relief, but the pain always returned, and the patient had finally taken to his bed, transacting all his business and attending to all his duties there, as it was the only place he could be free from pain.

DR. VANDERVEER, in closing the discussion, remarked that he thought the case which he had reported where the ganglion was removed, in 1875, with no return of the pain since, was sufficient evidence of the benefit to be derived from that operation.

AN EXECUTIVE SESSION

was then held, and the Committee on Nominations reported the following

OFFICERS FOR THE ENSUING YEAR,

who were elected by acclamation:

President, E. M. MOORE, M.D., of Rochester, N. Y.
First Vice-President, W. W. DAWSON, M.D., of Cincinnati, Ohio.
Second Vice-President, C. H. MASTIN, M.D., of Mobile, Alabama.
Secretary, J. R. WEIST, M.D., of Indiana.
Treasurer, JOHN H. PACKARD, M.D., of Philada., Pa.
Recorder, J. EWING MEARS, M.D., Philada., Pa.
Member of Council, P. S. CONNER, M.D., of Cincinnati, Ohio.

(To be concluded.)

NEWS ITEMS.

HEALTH IN MICHIGAN.—Reports to the State Board of Health for the week ending May 26, 1883, indicate that diarrhœa has increased, and that intermittent fever and pneumonia have decreased in area of prevalence.

Including reports by regular observers and by others, diphtheria was reported present during the week ending May 26 and since at sixteen places, scarlet fever at twenty-one places, and measles at thirty-three places.

OFFICIAL LIST OF CHANGES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM MAY 28 TO JUNE 4, 1883.

ALEXANDER, CHARLES T., *Major and Surgeon.*—So much of Par. 6, S. O. 82, A. G. O., April 10, 1883, amended to direct that he be relieved from duty at the U. S. Military Academy, West Point, N. Y., October 1, 1883.—*Par. 7, S. O. 125, A. G. O., June 1, 1883.*

HEGER, A., *Major and Surgeon.*—Assigned to temporary duty in charge of the office of Medical Director Department of the South, during absence, on sick leave, of Medical Director.—*Par. 9, S. O. 55, Department of Texas, May 24, 1883.*

BROWN, PAUL R., *Captain and Assistant Surgeon.*—The extension of leave of absence on surgeon's certificate of disability granted November 23, 1882, further extended six months on account of sickness.—*Par. 6, S. O. 123, A. G. O., May 29, 1883.*